ILLINOIS WORKERS' COMPENSATION COMMISSION

DECISION SIGNATURE PAGE

Case Number	20WC011130
Case Name	BRESNAHAN, STEPHEN v. CITY OF PEKIN
Consolidated Cases	
Proceeding Type	19(b) Petition
Decision Type	Arbitration Decision
Commission Decision Number	
Number of Pages of Decision	11
Decision Issued By	Adam Hinrichs, Arbitrator

Petitioner Attorney	Stephen Kelly
Respondent Attorney	John Fassola

DATE FILED: 11/22/2021

THE INTEREST RATE FOR THE WEEK OF NOVEMBER 16, 2021 0.06%

/s/ Adam Hinrichs, Arbitrator

Signature

STATE OF ILLINOIS)
)
COUNTY OF PEORIA)

☐ Injured Workers' Benefit Fund (§4(d))
☐ Rate Adjustment Fund (§8(g)
☐ Second Injury Fund (§8(e)18)
☒ None of the above

ILLINOIS WORKERS' COMPENSATION COMMISSION
ARBITRATION DECISION
19(b)

Stephen Bresnahan **Case # 20 WC 11130**
Employee/Petitioner

v.

City of Pekin
Employer/Respondent

An *Application for Adjustment of Claim* was filed in this matter, and a *Notice of Hearing* was mailed to each party. The matter was heard by the Honorable **Adam Hinrichs**, Arbitrator of the Commission, in the city of **Peoria**, on **September 20, 2021**. After reviewing all of the evidence presented, the Arbitrator hereby makes findings on the disputed issues checked below, and attaches those findings to this document.

DISPUTED ISSUES

A. ☐ Was Respondent operating under and subject to the Illinois Workers' Compensation or Occupational Diseases Act?
B. ☐ Was there an employee-employer relationship?
C. ☒ Did an accident occur that arose out of and in the course of Petitioner's employment by Respondent?
D. ☐ What was the date of the accident?
E. ☐ Was timely notice of the accident given to Respondent?
F. ☒ Is Petitioner's current condition of ill-being causally related to the injury?
G. ☐ What were Petitioner's earnings?
H. ☐ What was Petitioner's age at the time of the accident?
I. ☐ What was Petitioner's marital status at the time of the accident?
J. ☒ Were the medical services that were provided to Petitioner reasonable and necessary? Has Respondent paid all appropriate charges for all reasonable and necessary medical services?
K. ☒ Is Petitioner entitled to any prospective medical care?
L. ☒ What temporary benefits are in dispute?
☐ TPD ☐ Maintenance ☒ TTD
M. ☐ Should penalties or fees be imposed upon Respondent?
N. ☐ Is Respondent due any credit?
O. ☐ Other

FINDINGS

On the date of accident, Respondent ***was*** operating under and subject to the provisions of the Act.

On this date, an employee-employer relationship ***did*** exist between the Petitioner and Respondent.

On this date, the Petitioner ***did*** sustain an accident that arose out of and in the course of employment.

Timely notice of this accident ***was*** given to Respondent.

Petitioner's current condition of ill-being ***is*** causally related to the accident.

In the year preceding the injury, the Petitioner earned $**88,278.84**; the average weekly wage was $**1697.67**.

On the date of accident, Petitioner was **54** years of age, ***single*** with **1** child under 18.

Respondent ***has not*** paid all reasonable and necessary charges for all reasonable and necessary medical services.

Respondent shall be given a credit of $**0.00** for TTD, $**0.00** for TPD, $**0.00** for maintenance, and $**88,278.84** for other benefits, for a total credit of $**88,278.84**.

Respondent is entitled to a credit of $**38,659.37** under Section 8(j) of the Act.

ORDER

Respondent shall pay all medical charges as set forth in Petitioner's exhibits, as provided in Sections 8(a) and 8.2 of the Act, for Petitioner's reasonable and necessary medical care. Respondent shall be given a full credit for all payments made under its group health plan pursuant to Section 8(j), totaling $38,659.37.

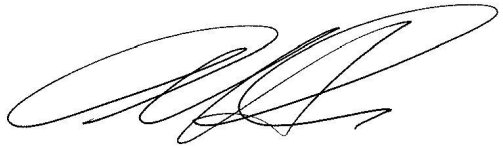
Respondent is ordered to provide and pay for Petitioner's ongoing follow up appointments with his treating cardiologist and associated prescriptions.

Respondent is ordered to pay TTD benefits from 5/4/2020 through 9/20/2021, at a rate of $1131.78/week. Respondent is entitled to a full credit under Section 8(j) for PEDA benefits paid totaling $88,278.84.

In no instance shall this award be a bar to subsequent hearing and determination of an additional amount of medical benefits or compensation for a temporary or permanent disability, if any.

RULES REGARDING APPEALS Unless a party files a *Petition for Review* within 30 days after receipt of this decision, and perfects a review in accordance with the Act and Rules, then this decision shall be entered as the decision of the Commission.

STATEMENT OF INTEREST RATE If the Commission reviews this award, interest at the rate set forth on the *Notice of Decision of Arbitrator* shall accrue from the date listed below to the day before the date of payment; however, if an employee's appeal results in either no change or a decrease in this award, interest shall not accrue.



Signature of arbitrator

NOVEMBER 22, 2021

FINDINGS OF FACT

Petitioner testified that he is a Firefighter/Paramedic for the City of Pekin, and has been employed in that capacity since 1990. He is currently employed as a Fire Captain. (T.13-14)

Petitioner testified to his job duties while working as a Firefighter/Paramedic. Since 1990, he has been responsible for fighting fires at personal residences, commercial buildings, chemical plants, and wild fires. (T.15-16) He also responded to hazardous material situations as part of this job duties. (T.16) He testified he would have been exposed to carbon monoxide, sulfur dioxide, and cyanide. (T.18-19) He would have also been exposed to asbestos and diesel exhaust fumes in the course of his employment. (T.19-20)

Petitioner testified to the use of personal protective equipment including self-contained breathing apparatus (SCBA). He testified that when he first started his career, SCBA was not as widely used during residential firefighting, (T.17), but the use of SCBA equipment became more stringent after the early part of his career. (T.61) He also testified that he tried to be diligent about his use of SCBA equipment. (T.61) He testified that during the early part of his career, the gear would be taken off during overhaul, which involves checking for hot spots once a fire has been exhausted. (T.20-22)

Petitioner also testified that he was required to fight fires in extreme heat conditions, up to 2000 degrees Fahrenheit. (T.25-26) Likewise, he would sometimes be required to fight fires in very cold situations, and his gear could become frozen. (T.27) Petitioner testified he was exhausted after fire responses in extreme temperatures.

Petitioner testified that both fire calls and paramedic calls would come in through an alarm system. (T.27-28) The alarm would wake the firefighters out of sleep. (T.29) Responding to calls would necessarily involve stressful situations, as there is concern for your own safety, the safety of the general public, the safety of your co-workers. (T.30-31) The Petitioner testified that his job duties included being able to lift heavy weights, carry bodies, and wear 100 lbs. of gear and equipment while fighting these fires and/or reporting to medical scenes (T. 35).

The Petitioner testified that he has never been a smoker and was in good shape (T. 36). The Petitioner testified that as of May 4, 2020, he did not have any family history of heart disease or heart conditions (T. 37). The Petitioner passed all his physical exams for the Respondent on an annual basis (T. 37). The Petitioner testified that at the time of the accident, he had sleep apnea, and regularly used a CPAP machine since his diagnosis in 2015 (T. 38). The Petitioner testified that on May 4, 2020, he was not on any medications (T. 39).

Petitioner testified that on May 4, 2020, at approximately 4:00 p.m., he was headed to a property he owned to mow the grass. (T.39) He had gotten off shift approximately nine hours prior, at 7 a.m. Petitioner testified it had been a "busy" night at work, however, Petitioner did not elaborate as to what took place on his May 3 to May 4, 2020 shift. (T. 39). Petitioner testified that he had performed other physical work after leaving the fire station. (T.63-64) In the May 11, 2020, note of Dr. Fisher, Petitioner reported finishing his shift at Respondent, then going to a maintenance job, and after doing that job all day, going over to mow the yard at a property he owned. (PX. 3, p. 12/15).

Petitioner testified that at 4 p.m. on May 4, 2020, suddenly everything went black, he couldn't see, he couldn't hear, and he couldn't breathe. (T.39) The episode lasted about fifteen to twenty seconds. (T.40) He then tried to do a little bit of a yard work for about five minutes but realized something was wrong, so he drove to the hospital. (T.40)

Petitioner testified to his treatment at Unity Point Pekin Hospital. Per the medical records admitted into evidence, Petitioner was determined to have suffered a myocardial infarction. (PX4) He was seen by a cardiologist, Dr. Chaturvedula. The doctor was going to do an EKG and a stress test, but then opted to proceed directly with cardiac catherization. (T.43) The medical records reflect that cardiac catherization revealed a 99% blockage in the LAD artery. The doctor implanted stents in the artery. (PX4) Dr. Chaturvedula took Petitioner off work until June 2, 2020. (PX6, p. 651)

Petitioner was subsequently placed into a program of cardiac rehabilitation. (T.51) He remains under the care of Dr. Chaturvedula and is prescribed blood thinners. (T.52)

Petitioner testified that he has not returned to work since the date of his heart attack. (T.53) He did receive full salary through PEDA benefits for the first year he was off work, and has been taking sick and personal time since. (T.53) Petitioner testified that he believed his physical condition would not allow him to return to work. (T.53) Petitioner testified that he was not provided with a work status note indicating an inability to return to work at his last appointment with Dr. Chaturvedula. (T.64).

Petitioner did not recall that being diagnosed with abnormal or high cholesterol prior to his myocardial infarction. (T.57) The medical records from IWIRC, admitted into evidence as Respondent's Exhibit 2, reflect lab values consistent with elevated cholesterol on multiple occasions dating back to 2009. The records reflect that Petitioner had been recommended to treat the condition with medication. (RX2) Petitioner testified that he did try a prescription for high cholesterol but discontinued it due to dizziness, and subsequently lowered his cholesterol with dietary modifications. (T.58)

The Petitioner testified that at the time of the accident, he had sleep apnea and regularly used a CPAP (T. 38). In his 2016 Pekin Hospital Sleep Lab sleep study, Petitioner had a BMI of 32.0. (PX 4. p. 174). The Petitioner testified that on May 4, 2020, he was not taking any medications of any kind (T. 39).

A. **Testimony of Mr. Chris Coats**

Petitioner also called Chris Coats to testify. Mr. Coats is also a Firefighter/Paramedic with the City of Pekin. (PX9, p.5) His testimony regarding the job duties of a Firefighter/Paramedic was consistent with the testimony of the Petitioner. Like Petitioner, he agreed that paramedic responses are much more frequent than fire responses, and that the firefighters could go weeks between live fire calls. (PX9, p.21-22) Mr. Coats testified that he worked on shifts with Petitioner, and they were in the same bunk room at night to sleep. Mr. Coats was not aware Petitioner had sleep apnea and never observed the Petitioner wearing a CPAP device. (PX. 9, p. 25-26)

B. Testimony of Trent Reeise

Trent Reeise is the fire chief for the Respondent (T. 71). Chief Reeise testified that the Petitioner was an honest person (T. 72). Chief Reeise confirmed that the Petitioner is considered an employee of the Respondent. (T. 73). Chief Reeise testified that he was not aware of Petitioner requesting to come back to work or anyone at Respondent offering a job to the Petitioner (T. 74-75).

C. Dr. Chaturvedula Testimony

Dr. Chaturvedula is a board-certified internal medicine physician, specializing in cardiology, interventional cardiology, echocardiography, nuclear cardiology, and vascular interpretations. His practice focuses 100% on treating patients. (PX7, p. 6-7).

Dr. Chaturvedula testified that his treatment of the Petitioner began on May 5, 2020. He opined that Petitioner was healthy and did not have traditional risk factors such as heart disease, high blood pressure, smoking, or diabetes, however, being male, with obstructive sleep apnea, hypertension and high cholesterol were classic risk factors. (PX7, p. 8, 16, 23-24) Dr. Chaturvedula testified that Petitioner's BMI on May 28, 2020 was 29.88, so Petitioner was overweight which would mildly increase his risk.

Throughout the treating records, Petitioner makes repeated requests that it be documented that Dr. Chaturvedula asked him how long was he a smoker. There is no chart note wherein Dr. Chaturvedula discusses this, and Dr. Chaturvedula provided no testimony on this specific issue.

Dr. Chaturvedula testified that Petitioner's LAD artery was 99.9% blocked, and therefore he underwent stenting in the artery. (PX7, p.10) He diagnosed Petitioner with a non-ST elevation myocardial infarction and new onset atrial fibrillation. (PX7, p.11) He recommended cardiac rehabilitation and felt Petitioner had been progressing well as of the date of his deposition. (PX7, p.13-14)

Dr. Chaturvedula was asked about the risk of firefighting and exposure to fumes or chemicals in association with his cardiac condition. Dr. Chaturvedula said that environmental exposure could have a bearing on one's heart health. (PX7, p.16) He described factors such as a psychological and emotional stress and environmental factors as "new age risk factors." (PX7, p.17)

Dr. Chaturvedula testified that Petitioner's job duties likely have a possible impact on Petitioner's cardiac condition because of pollution, however, he stated "can I prove, I can't. Can anyone prove, no," but that it is possible it is contributing factor in this case. (PX7, p.17-18) Dr. Chaturvedula testified that he did not have enough data to comment on whether environment and pollution played a role in Petitioner's case. (PX7, p.19) Dr. Chaturvedula further testified that a person with Petitioner's risk profile who is not exposed to the environmental exposures that the Petitioner is as a firefighter, is at a lesser risk for heart disease, and environmental exposure is a "contributory factor." (PX7, p.22-23).

D. Dr. Richard Carroll Testimony

Respondent sought a record review and opinion from board-certified cardiologist, Dr. Richard Carroll.

Dr. Carroll noted that Petitioner did not have an acute cardiac event associated with his job duties as a firefighter. (RX1, p.10) He noted that Petitioner had last worked at approximately 7:00 a.m. and his symptoms began at approximately 4:00 p.m. on May 4, 2020. Therefore, the acute event did not occur at work or as a result of work activities. (RX1, p.10)

Dr. Carroll testified that Petitioner had coronary artery disease as of May 4, 2020. (RX1, p.11) Dr. Carroll was aware that Petitioner is a firefighter, and would at times be exposed to smoke, fumes and other toxins. (RX1, p.11) He testified that Petitioner did have a history of elevated cholesterol, noting that in February 2011, he had an HDL of 176, which was above recommended level of 130. (RX1, p.13-14) Dr. Carroll noted Petitioner was advised to consider medication, Niacin, to treat his cholesterol. (RX1, p.14)

Petitioner had also been diagnosed with obstructive sleep apnea with severe oxygen desaturation in 2016. (RX1, p.14-15) Dr. Carroll referenced medical literature and testified that obstructive sleep apnea does have a

causative link to coronary artery disease, explaining that sleep apnea causes pressure on the heart because of a drop in oxygen saturation. (RX1, p.15-16)

Dr. Carroll opined that Petitioner's risk factors associated with coronary heart disease were gender, hypertension, dyslipidemia, and sleep apnea (RX1, p. 13). Dr. Carroll also noted Petitioner's BMI in July 2020 was 31.52 which is considered obese. (RX1, p. 28).

Dr. Carroll testified that Petitioner's occupation as a Firefighter was not causally related to his coronary artery disease. (RX1, p.17) He testified that firefighting is a not identified as a risk factor for the development of coronary artery disease, and the literature he is aware of does not list it as a risk factor. (RX1, p.12-13, 36) He noted that Petitioner had other risk factors that are established risk factors for cardiovascular disease. (RX1, p. 34-37) He also testified that even if Petitioner had treated his cholesterol and had used a device to treat his sleep apnea, cardiovascular damage would be slowed, but what had progressed would remain. (RX1, 44-45)

E. <u>Dr. David Fletcher Exam & Report</u>

On January 13, 2021, Petitioner was seen for an exam with Dr. David Fletcher at the request of his attorney. (PX2). Dr. Fletcher is board-certified in Occupational and Preventative Medicine.

The Arbitrator notes that the history provided in Dr. Fletcher's report states that Petitioner first felt symptoms "while walking that morning after he got off work." (PX2, p.4) Dr. Fletcher's history also includes a reference to Petitioner having performed modified duty until recently, when his employer stopped accommodating him. (PX2, p.5). Petitioner's testimony contradicts these notes.

Dr. Fletcher opined that the Petitioner's work history as a firefighter is one contributing factor to the development and acceleration of coronary artery disease. Dr. Fletcher found it significant that the Petitioner has never been a smoker and does not have a past history of any prior cardiovascular diseases. (PX. 2, p. 10).

Dr. Fletcher noted that his opinions are supported by medical literature, citing the *New England Journal of Medicine*, "Firefighting and Death from Cardiovascular Cases" editorial: "Firefighters have episodic exposure to extreme levels of physical exertion, and they face occupational hazards that may add to or amplify their risk of death due to cardiovascular cases. These hazards include chemicals (carbon monoxide, fine particulate matter, and other cardiac toxins) and thermal and emotional stress. Moreover, although there has been improvement over time in respirator protection during active fire suppression, such protection may be abandoned during overhaul (the period immediately after fire suppression), when exposure to fine particulate matter (which has been shown to increase the risk of a sudden myocardial infarction) and other toxic chemicals may be particularly high" (PX 2, p. 7).

Dr. Fletcher noted that coronary artery disease among firefighters is due to a combination of personal and work-place factors. The personal factors are well known: Age, gender, family history, diabetes mellitus, hypertension, smoking, high blood cholesterol, obesity, and lack of exercise. Dr. Fletcher emphasized that cardiovascular disease is multifactorial and occupational risk factors such as firefighting, contribute to the onset and/or acceleration of cardiovascular disease. (Pet. Ex. 2, p. 7).

Dr. Fletcher noted that "cardiovascular deaths are the leading cause of death among firefighters and responsible for 45% of on-duty fatalities each year" and that "these deaths cluster around fire suppression duties" and that "death from coronary artery disease was 12 to 136 times more likely to occur during or shortly after fire suppression than non-emergency duties." (PX 2, p. 8).

In his responses to interrogatories, Dr. Fletcher noted that Dr. Chaturvedula asked Petitioner during a heart cath "how long he had smoked as his coronary arteries looked like someone who smoked." Other than Petitioner's

repeated requests that it be documented in the record, there is no record of Dr. Chaturvedula asking Petitioner this question, or making this comment.

Dr. Fletcher opined that Petitioner's coronary artery disease was causally related to his exposures and activities as a firefighter/paramedic for the Respondent. (PX2, p.9). Dr. Fletcher opined that the Petitioner is unable to return to work as a firefighter/EMT. Dr. Fletcher continues that it is his opinion that the Petitioner is unable to wear SCBA respiratory protection and unable to perform high aerobic demand firefighting. Along with the Petitioner's inability to wear PPE equipment, such as SCBA, he does not have the endurance to perform fire-fighting tasks, such as hose line operations, extensive crawling, lifting and carrying heavy objects, ventilating roofs/walls, using power or hand tools, forcible entry, rescue operations, emergency response actions, etc. under stressful conditions. Dr. Fletcher opined that the Petitioner has reached maximum medical improvement. (PX 2, p. 11).

CONCLUSIONS OF LAW

Issue (C): Did an accident occur that arose out of and in the course of Petitioner's employment by Respondent? and Issue (F): Is Petitioner's current condition of ill-being causally related to the injury?

Petitioner testified that his symptoms related to his myocardial infarction began around 4:00 p.m. on May 4, 2020. At that time, he had finished his shift for Respondent approximately nine hours previous, had performed other physical work in the interim, and was about to mow the grass at a property he owned.

Petitioner is not alleging that his cardiac event on May 4, 2020 was directly caused by workplace activities he had performed on his preceding shift for the City of Pekin. There is no record of Petitioner having engaged in fire suppression duties during his May 3 to May 4, 2020 shift, however, Petitioner testified that it was a busy shift.

The Petitioner, as a firefighter/paramedic, is entitled to the statutory presumption of compensability in Section 6(f) of the Workers' Compensation Act. According to Section 6(f), a condition related to heart or vascular disease is rebuttably presumed to arise out of and in the course of the employee's firefighting activities and rebuttably presumed to be causally connected to the hazards or exposures of the employment. Therefore, the initial issue is whether the Respondent has rebutted the presumption of compensability set forth in Section 6(f).

The Respondent presented the record review opinion report and deposition testimony of Dr. Richard Carroll, a board-certified cardiologist. Dr. Carroll testified that he is aware of the smoke, fumes and other toxins that Petitioner is exposed to as a firefighter. Dr. Carroll opined that firefighting is not identified as an established risk factor for the development of coronary artery disease. Dr. Carroll cited to medical literature that the risks and hazards of firefighting is not listed as a known risk factor for cardiovascular disease. Moreover, Dr. Carroll testified that Petitioner had other personal risk factors for the development of coronary artery disease, including his gender, a history of elevated cholesterol, a history of obstructive sleep apnea, and slightly obese BMI.

The Arbitrator finds that the opinion of Dr. Carroll is sufficient to rebut the statutory presumption of compensability in the Illinois Workers' Compensation Act. The IL Appellate Court, in considering Section 6(f) of the Workers' Compensation Act, have noted that the presumption of compensability may be rebutted by presenting some contrary evidence to rebut the presumption. *Johnston v. Illinois Workers' Compensation Commission*, 2017 IL App (2d) 160010WC. The Respondent has produced some contrary evidence to rebut the presumption of compensability, specifically in the form of a medical opinion from a board-certified cardiologist.

Once a party has successfully rebutted a presumption, the presumption vanishes, and the parties proceed as if the presumption never existed. *Id.*, at Par. 37. Therefore, the Petitioner in the present case bears the burden of proving that his cardiovascular disease is causally related to his workplace exposures as a firefighter/paramedic.

The Petitioner was a firefighter for the Respondent over a thirty-year period. The Petitioner's job description of his work activities and exposures are undisputed. The Petitioner's job activities were confirmed by Chris Coats. These exposures included but are not limited to sleep deprivation, hot and cold thermal exposure, as well as exposure smoke, fumes toxic chemicals, and other environmental pollutants.

There is no dispute that, as a firefighter, Petitioner would have been exposed to smoke, toxins, and other environmental pollutants. Moreover, Petitioner's job is highly stressful. Whether these exposures and stressors are causally related to the Petitioner's development of cardiovascular disease is a medical question.

The Petitioner's treating cardiologist, Dr. Chaturvedula, testified via evidence deposition. Dr. Chaturvedula confirmed that the "traditional" risk factors for cardiovascular disease, include family history, age, male gender, high blood pressure, and high cholesterol. He referred to emotional stress and environmental pollution as "new age risk factors". Dr. Chaturvedula hesitated in his testimony to use the word "cause." Dr. Chaturvedula testified that Petitioner's job duties likely have a possible impact on Petitioner's cardiac condition because of pollution, however, he stated "can I prove, I can't," but that it is possible it is contributing factor in this case. (PX7, p.17-18) Dr. Chaturvedula further testified that a person with Petitioner's risk profile, a healthy individual without traditional risk factors, who is not exposed to the environmental exposures that the Petitioner is as a firefighter, is at a lesser risk for heart disease, and environmental exposure is a "contributory factor." (PX7, p.16, 22-23). Dr. Chaturvedula testified that there would be nothing visible in the angiography that would delineate whether a blockage was related to which risk factor. (PX7, p.27-28)

The Respondent presented the evidence deposition testimony of Dr. Richard Carroll. Dr. Carroll is a board-certified cardiologist. Dr. Carroll did not examine the Petitioner or take a history from him directly. He reviewed Petitioner's medical records, including the records from IWIRC which reflected a history of hyperlipidemia, but did not perform a physical exam of or take a history from the Petitioner. Dr. Carroll agreed that hyperlipidemia and obstructive sleep apnea would be a risk factors for the development of coronary artery disease. Dr. Carroll testified that firefighting exposures are not accepted in the cardiology community as a risk factor for coronary artery disease. In support of his opinion, Dr. Carroll cited a University of Illinois study which did not list firefighting as a risk for coronary artery disease.

With regard to the personal risk factors identified by Dr. Carroll, the medical records from IWIRC, contained Respondent's Exhibit No. 2, demonstrate abnormal laboratory readings for cholesterol dating back approximately 10 years, with a concurrent recommendation for medical treatment of Petitioner's cholesterol. Petitioner testified that he had tried a prescription for regulating his cholesterol, but discontinued it due to adverse side effects. Petitioner testified that regulated his cholesterol by managing his diet. Petitioner also testified that he diligently used a CPAP to treat his obstructive sleep apnea. Christopher Coats, who worked on shift with Petitioner, including sleeping in the same bunkroom, testified that he did not notice Petitioner wearing a CPAP mask. Dr. Carroll testified that, even if Petitioner had subsequently become compliant in addressing his underlying risk factors, the cardiovascular disease that had progressed would remain.

Petitioner presented the narrative report of Dr. David Fletcher. Dr. Fletcher is a board-certified occupational medicine physician who examined the Petitioner and took a history. Dr. Fletcher's opinions also relied on medical literature, citing the *New England Journal of Medicine*, "Firefighting and Death from Cardiovascular Cases" noting "firefighters have episodic exposure to extreme levels of physical exertion, and they face occupational hazards that may add to or amplify their risk of death due to cardiovascular cases. These hazards include chemicals (carbon monoxide, fine particulate matter, and other cardiac toxins) and thermal and emotional stress. (PX 2, p. 7). Dr. Fletcher found it significant that the Petitioner has never been a smoker and does not have a past history of any prior cardiovascular diseases. (PX. 2, p. 10). Given this, Dr. Fletcher opined

that Petitioner's workplace exposures were 'one contributing factor to the development and acceleration of coronary artery disease.' (PX. 2, p. 9).

The Commission decision in *Mark Folsom v. North Palos Fire Protection District*, 19 IWCC 372, is on point. In that case, Mr. Folsom suffered a myocardial infarction while off-duty. Mr. Folsom relied on the opinions of two physicians, an internal medicine specialist, Dr. Terrence Moisin, and a cardiologist, Dr. Mark Lampert. Dr. Moisin testified that Mr. Folsom's firefighting duties contributed to his coronary artery disease. Dr. Lampert's report noted that the medical literature has established a higher risk of cardiovascular events for firefighters in active duty. Dr. Lampert opined that it is possible that Mr. Folsom's service as a firefighter contributed to his disability as he did not have traditional risk factors for myocardial infarction, and was otherwise in excellent health. 2019 Ill. Wrk. Comp. LEXIS 539.

In *Mark Folsom v. North Palos Fire Protection District* the Commission reminds us of the standard set forth in *Sisbro*, that an accidental injury shall not be denied if Petitioner can show that his employment was "a causative factor" in their condition of ill-being. Petitioner is not required to demonstrate how much that causative factor contributed, or if it was the sole factor or primary factor among many factors.

Petitioner's testimony regarding the stressful and heavy nature of his job duties as well as the smoke, toxins, and environmental pollutants he was exposed to in the course and scope of his employment was credible and supported by his fellow firefighter's testimony.

Petitioner's treating cardiologist, Dr. Chaturvedula, testified that Petitioner was otherwise healthy, and did not have traditional CAD risk factors, so his job duties likely have a possible impact on Petitioner's cardiac condition because of pollution; and that it is possible it is contributing factor in this case. Moreover, Dr. Fletcher, the examining occupational medicine expert, who examined the Petitioner and relied on medical literature in formulating his opinion, opined that Petitioner's workplace exposures were a 'contributing factor to the development and acceleration of coronary artery disease.' The Arbitrator is persuaded by the opinions of Dr. Chaturvedula and Dr. Fletcher.

The Arbitrator finds that the Petitioner has met his burden that his work duties as a firefighter were a causative factor in the development of his coronary artery disease and subsequent myocardial infarction. Thus, the Arbitrator finds that the Petitioner has proven by a preponderance of the evidence that he sustained an accident arising out of and in the course of his employment by the Respondent, and his current condition is causally related to his firefighting duties.

Issue (J): Were the medical services that were provided to Petitioner reasonable and necessary? Has Respondent paid all appropriate charges for all reasonable and necessary medical services?

Incorporating the above, the Arbitrator finds that the medical services provided to Petitioner were reasonable and necessary. The Arbitrator finds that Respondent has not paid all appropriate charges for these reasonable and necessary medical services. The Arbitrator orders the Respondent to pay all medical charges as set forth in Petitioner's exhibits, as provided in Sections 8(a) and 8.2 of the Act, for Petitioner's reasonable and necessary medical care.

Respondent shall be given a full credit for all payments made under its group health plan pursuant to Section 8(j).

Issue (K): Is Petitioner entitled to any prospective medical care?

Incorporating the above, the Petitioner testified and the records reflect that he is prescribed blood thinners as a direct consequence of this accident. Respondent is ordered to provide and pay for Petitioner's ongoing follow up appointments with his treating cardiologist and prescriptions for blood thinners.

Issue (L): What temporary benefits are in dispute? TTD

Incorporating the above, the Petitioner's treating surgeon, Dr. Chaturvedula, does not have Petitioner on restrictions. Petitioner testified that Dr. Chaturvedula did not provide him with a work status note at his last appointment in May 2021. (T. 64). Petitioner testified he is not bringing any work status slips to the Respondent. (T. 70). Petitioner testified that Respondent is not taking him back to work because of his heart attack. (T. 68).

Chief Reeise testified that he has not contacted the Petitioner to return to work full duty. (T. 73). Chief Reeise testified he is not sure if Petitioner is allowed to return to work on blood thinners. (T. 72).

The Petitioner credibly testified that he is not being allowed to return to work by the Respondent due to his heart condition. Chief Reeise did not deny that Petitioner is being prevented from returning to work for the Respondent.

Therefore, the Arbitrator finds that the Petitioner is entitled to TTD benefits from 5/4/2020 through 9/20/2021, at a rate of $1131.78/week. Respondent is entitled to a full credit under Section 8(j) for PEDA benefits paid totaling $88,278.84.