

ILLINOIS WORKERS' COMPENSATION COMMISSION

DECISION SIGNATURE PAGE

Case Number	23WC000554
Case Name	Bradley Vaughn v. City of Peoria Heights
Consolidated Cases	
Proceeding Type	Request for Hearing
Decision Type	Arbitration Decision
Commission Decision Number	
Number of Pages of Decision	28
Decision Issued By	Maureen Pulia, Arbitrator

Petitioner Attorney	Stephen Kelly
Respondent Attorney	Jim Magiera

DATE FILED: 5/9/2025

/s/Maureen Pulia, Arbitrator

Signature

INTEREST RATE WEEK OF MAY 6 2025 4.09%

STATE OF ILLINOIS)
)SS.
COUNTY OF **PEORIA**)

- | | |
|-------------------------------------|---------------------------------------|
| <input type="checkbox"/> | Injured Workers' Benefit Fund (§4(d)) |
| <input type="checkbox"/> | Rate Adjustment Fund (§8(g)) |
| <input type="checkbox"/> | Second Injury Fund (§8(e)18) |
| <input checked="" type="checkbox"/> | None of the above |

**ILLINOIS WORKERS' COMPENSATION COMMISSION
ARBITRATION DECISION**

BRADLEY VAUGHN,

Employee/Petitioner

v.

CITY OF PEORIA HEIGHTS,

Employer/Respondent

Case # **23** WC **554**

Consolidated cases: _____

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 **Maureen Pulia**, Arbitrator of the Commission, in the city of **Peoria**, on **4/14/25**. 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. ☒ What temporary benefits are in dispute?
☐ TPD ☐ Maintenance ☒ TTD
- L. ☒ What is the nature and extent of the injury?
- M. ☐ Should penalties or fees be imposed upon Respondent?
- N. ☐ Is Respondent due any credit?
- O. ☐ Other _____

FINDINGS

On **12/14/22**, Respondent *was* operating under and subject to the provisions of the Act.

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

On this date, 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, Petitioner earned **\$72,000.24**; the average weekly wage was **\$1,384.62**.

On the date of accident, Petitioner was **37** years of age, *married* with **2** dependent children.

Petitioner *has* received all reasonable and necessary medical services.

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

Respondent shall be given a credit of **\$00.00** for TTD, **\$00.00** for TPD, **\$00.00** for maintenance, and **\$14,623.12** in advanced permanency disability benefits, for a total credit of **\$14,623.12**.

Respondent is entitled to a credit of **\$5,030.46** under Section 8(j) of the Act.

ORDER

Respondent shall pay Petitioner temporary total disability benefits of \$923.08/week for 63-5/7 weeks, commencing 1/6/23 through 3/28/24, as provided in Section 8(b) of the Act.

Respondent shall pay reasonable and necessary medical services from 12/14/22 through 4/14/25, as provided in Sections 8(a) and 8.2 of the Act.

Respondent shall be given a credit of \$5,030.46 for medical benefits that have been paid, and respondent shall hold petitioner harmless from any claims by any providers of the services for which respondent is receiving this credit, as provided in Section 8(j) of the Act.

Respondent shall pay Petitioner permanent partial disability benefits of \$830.77/week for 225 weeks, because the injuries sustained caused the 45% loss of the person as a whole, as provided in Section 8(d)2 of the Act.

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

MAY 9 2025

THE ARBITRATOR HEREBY MAKES THE FOLLOWING FINDINGS OF FACT:

Petitioner, a 37 year police officer and school resource officer, alleges he sustained an accidental injury that arose out of and in the course of his employment by respondent on 12/14/22, as the result of an altercation with a student. The issues in dispute are accident, causal connection, medical expenses, temporary total disability and nature and extent of the injury.

Petitioner testified that when he was 13 years old he was diagnosed with PVCs, which he described as a random or irregular heartbeat that would hit every once in a while. He was provided no treatment or medications for this condition. He testified that he was told they would just monitor it. Petitioner testified that he attended high school and played sports. In order to participate in sports he underwent physicals and was never denied the opportunity to play due to any cardiac issues. In high school, petitioner also participated sports without any issues.

After high school petitioner attended Illinois Central College for a year before moving to Western Illinois University where he majored in law enforcement and justice administration. He received his bachelor's degree in 3 ½ years. During his college years he was never under any active care for his cardiac issues, and had no cardiac symptoms, such as fatigue or light headedness.

Prior to working for respondent petitioner worked at WalMart doing security; for The Children's Home as a residential counselor; as a volunteer firefighter for Northern Tazewell Fire Department; and, as an EMT. While performing these jobs petitioner had no restrictions related to any cardiac issues. He also had no cardiac issues, or problems with fatigue or lightheadedness while performing these jobs.

Following these jobs, petitioner was hired as a police officer for the city of Normal, IL. Petitioner went through the police academy for five months and was able to perform all the physical activities required of that training without incident. He testified that he had no difficulties as they related to his heart condition while in the police academy. He denied any fatigue, lightheadedness, or shortness of breath. Petitioner testified that he also passed the fitness for duty examination for a police officer for the City of Normal. Petitioner worked as a police officer with the City of Normal for about 5 ½ years without any difficulties as they relate to his heart. He was able to perform all the duties of a police officer.

In 2008 petitioner was hired by respondent as a police officer. Petitioner testified that he had no issues with his heart at that time. Petitioner performed all the duties of a patrol officer. In 2015 he was given the job of school resource officer. Petitioner testified that when school was not in session he would also perform the duties of a police officer for respondent. While working as a school resource officer, petitioner wore an ear piece where he monitored the police department's radio calls. If there was a dangerous situation where

additional backup was needed, he would be pulled out of the school to respond to the call. Petitioner denied any problems with his heart while working in either of these positions for respondent before 12/14/22.

Petitioner offered into evidence records from Unity Point Health Cardiology and Unity Point Health Morton that go back as far as 7/30/08. On that date, petitioner was cleared by Dr. Marshall to take the physical portion of the police department qualification exam. On 12/29/15 petitioner was treated for an exposure to a natural gas leak. He was released to full duty work on 12/30/15.

On 1/18/21 petitioner presented to Dr. Marshall for medication management. He had no questions or concerns. He reported a history of migraine headaches that he managed with Imitrex. He also reported a history of asthma with no problems as of late. Petitioner did report a history of a bicuspid aortic valve, as well as the degree of aortic regurgitation due to his bicuspid aortic valve. He noted that he had not seen a cardiologist in the last 15 years for this condition, and was told at that time to come back on 10 years. Petitioner asked for a referral to a cardiologist for continued monitoring of this condition. Dr. Marshall's exam of petitioner's heart noted normal rate and regular rhythm. His heart sounds were normal with no murmur, friction rub or gallop. Dr. Marshall ordered an echocardiogram for evaluation of petitioner's bicuspid aortic valve, and referred him to a cardiologist for overdue surveillance of his bicuspid aortic valve.

On 11/18/21 petitioner was admitted to Unity Point Hospital Methodist. Petitioner had been followed for a number of years for a history of bicuspid aortic valve, and eventually developed dilation of the aortic valve and regurgitation of the aortic valve. For this condition, petitioner underwent an aortic valve replacement with modified Bentall procedure performed by Dr. Chaturvedula on 11/18/21. The procedure was complicated by a complete heart block, and petitioner was given a temporary pacemaker, that was replaced by a permanent pacemaker on 11/24/21 by Dr. Seccombe, and managed by Dr. Mina. Petitioner was discharged on 11/25/21. Petitioner followed up with Dr. Chaturvedula, Dr. Mina, and Dr. Marshall.

On 1/18/22 petitioner was released to full duty work as a police officer for respondent. He had no restrictions. Petitioner testified that at that time he had no symptoms that would preclude him from doing his work as a police officer.

On 4/19/22 petitioner followed up at the Pacemaker Clinic. No issues were found with his pacemaker device, and his valve was doing well clinically. Dr. Mina sent petitioner for an echocardiogram to establish post replacement parameters, and referred him back to Dr. Chaturvedula for follow-up relative to the valve.

On 6/28/22 petitioner followed up with Dr. Chaturvedula. Dr. Chaturvedula released petitioner to full unrestricted duty work as a police officer for respondent. Petitioner denied any symptoms at this time.

On 11/8/22 petitioner followed-up with Dr. Mina for his pacemaker visit. He reported no chest pain, palpitation or shortness of breath. He reported that he was active and about, with no cardiac complaints. He reported that he was asymptomatic and able to do most activities. Following the examination, it was determined that the pacemaker was working well and there were no issues with the device. Dr. Mina also noted that the valve was doing well clinically. Dr. Mina continued petitioner's full duty work status.

Petitioner testified that from 1/18/22 through 12/14/22 he was performing the full duties of a police officer for respondent that included responding to emergency calls, and confrontations with a large group of new kids from an opposing school that got into large fights with the other students at the school. There was one fight after 1/18/22 that was a large fight that required a very large police response. Petitioner testified that there were several foot pursuits throughout this time, and it was a regular occurrence to have fights at the school in 2022. Petitioner worked as a school resource officer for both the grade and high school that were right next to each other. Petitioner was back and forth between the schools all day, depending on where he was needed. Petitioner testified that from 1/18/22 through 12/14/22 he was able to engage in all physical activities his job as a police officer required without any cardiac issues, including lightheadedness or fatigue.

On 12/14/22 petitioner was working as a school resource officer for respondent. He was in full uniform and had a squad car. During the day he got a call from the principal, Terry Mooney, that a special education student, 5'8" or 5'9" weighing 150-160 pounds, was having some kind of mental breakdown in the classroom. Mooney requested assistance. At the time, petitioner was not experiencing any fatigue or lightheadedness.

After receiving the call petitioner ran down the hallway to the classroom. The first thing he noticed was that there was furniture everywhere. Full size desks were flipped over, and the room partitions were thrown about. Books were all over the place and the cabinet doors were wide open. The student was in the room, as well as Mooney, a teacher named Bohannon, and an aide named Whalen. They made a perimeter around him in order to contain him. Initially, petitioner verbally engaged the student in an attempt to calm him down, and deescalate the situation. That did not work, and the student tried to run past petitioner and Mooney toward the cabinets that had glass doors. At that point, petitioner grabbed the student and tried to restrain him against the cabinet. The student tried to spin around and hit him, and that is when the petitioner and Mooney took the student to the ground. It took petitioner and Mooney about 2 minutes to get the student into handcuffs, all the while struggling with the student. Petitioner testified that he was the only one there trained on how to put the student in handcuffs.

Once petitioner was able to get the student into handcuffs, they got him up and leaned him against the cabinets. At that point, petitioner was handcuffed, and petitioner had his arm through the student's arms to keep him in control because he was still trying to thrash around and get at the cabinets. As petitioner was standing

there with the student, he had a really hard time catching his breath, and taking deep breaths hurt. He testified that from his knees down, his feet felt like they were on fire, and his legs felt very heavy. Petitioner also noticed that his hands from the tips of his fingers to the middle of his palm had really dark streaks of a purplish-blue color. Petitioner testified that at that time he did not feel good and realized something was going on. Petitioner denied ever experiencing these symptoms before.

Petitioner asked Mooney to hold onto the student and he called for backup. He then returned and grabbed the student again. The student's father then arrived and was afraid his son might do this to his house, so he asked that his son be taken to the hospital. Officer Carrier, as well as the fire department responded. Once the ambulance was ready, Officer Carrier and petitioner escorted the student from the classroom to the ambulance. During the escort, the student continued to resist. He resisted by kicking, screaming or going limp. As a result, petitioner and Officer Carrier had to almost lift him off the ground to transport him to the ambulance.

After the ambulance left with the student petitioner went to his squad car and just sat there. He rolled down his windows in order to get some fresh air and cool off. He tried to focus on deep breathing to slow his heart rate down. He eventually got himself calmed down. Petitioner testified that he also had a tick sound in his ear that he could hear from his mechanical valve. Petitioner testified that prior to this date he never heard the tick from the mechanical valve, nor did he have to calm himself down like he did that day. Given that this incident occurred at the end of his shift, petitioner returned to the station, parked his car, and decided to do his report the next day so he could go home. Petitioner testified that he called Dr. Chaturvedula's office that day, and was told that he was on vacation. Petitioner testified that he reported his symptoms to the nurse and was given an appointment.

Petitioner testified that the symptoms he experienced at the time of the altercation on 12/14/22 never fully went away. He noted that he was able to catch his breath. He also noted that the numbness, tingling, burning, and purple streaks went away. However, some of the symptoms that did not go away was the feeling of exhaustion, which continued after 12/14/22.

Following the incident, petitioner had a week of PTO scheduled for the Christmas holiday that he took.

The records show that on 12/21/22 petitioner phoned Dr. Chaturvedula's office and told them he had an episode on 12/14/22 at 3 pm and wanted to know if they could see anything on his pacemaker at that time. Petitioner reported that he had a pretty brutal fight with a person they were taking into custody. He reported that after the fight occurred he was unable to catch his breath for a while, and it did not feel like after a workout. He just could not genuinely catch his breath. He reported that his fingers turned purple all the way up towards his palms, and his lips were purple when he looked in the mirror. He also reported that from his knees down his

legs felt very tingly like they were asleep. Petitioner was told there were no alerts on his permanent pacemaker, but his tachy tier was set at 188 bpm, so they were unable to know if he was having an event at that time for sure or not. Petitioner reported that he was scheduled to see Dr. Chaturvedula on 1/6/23, and they stated they would still send the information to the provider to see if the tiers needed adjusting or if there were any recommendations in the meantime.

Later that day, Dr. Chaturvedula responded that he was very hopeful, but needed to make sure that the rate responsiveness on the pacemaker was turned on, especially given such an adrenergic rush, it would be important for his pacemaker to ramp up to the rate 30 so as to not feel bad. He was of the opinion that it was not inconceivable that given such a high intense situation, he would feel such symptoms. He noted that if petitioner continued to feel poorly, he would have to worry, but if he felt back to normal and his exercise capacity was back to normal, no further interventions would be necessary. He noted that he would also be worried about petitioner being on an anticoagulation and being involved in such altercations, since that could increase the risk of bleeding/hematoma etc. Dr. Chaturvedula was of the opinion that if petitioner did not feel up to his usual self, he could see him in the clinic upon his return from vacation the first week of January 2023. He stated that in the interim, if things do not progress as expected, he should go to the emergency room.

After his PTO ended petitioner returned to work as a full duty police officer for about three weeks, since the students were not yet back in school. Petitioner testified that he was still fatigued after he went back to work on patrol.

On 1/6/23 petitioner presented to Dr. Chaturvedula following his call on 12/21/22. Dr. Chaturvedula noted that petitioner reported that he was involved in a brutal fight as he was taking an autistic person into custody. During the episode, petitioner reported that he was unable to catch his breath for a while, and recalled having purplish discoloration of palms, lips and all of his body. Dr. Chaturvedula noted that subsequent to this event he looked into the device and there were no concerns, but the rate responsiveness was not on at that time. He noted that it was activated on 1/6/23. Petitioner was extremely concerned about this episode and the risk of recurrence, and the implications that it might occur given the nature of his job as a cop. Petitioner was curious as to why it happened that day and never before, given that he had been in such instances after his surgery and placement of the pacemaker, without these reported symptoms. Petitioner noted concerns regarding continuing to discharge his duties as a police officer and whether or not he was limited by his cardiac condition. Dr. Chaturvedula discussed with petitioner that they could explore rate responsiveness. Dr. Chaturvedula noted that he would confer with Dr. Mina regarding any further adjustments to the device that needed to be made. He was also going to seek an opinion from Dr. Mina regarding risk stratification of petitioner's nature of the job, and

possible clinical and nonclinical implications thereof including consideration for downgrading intensity at work or considering alternate professions.

On 1/9/23 petitioner followed-up with Dr. Mina. He reported that he had an episode of purple arm and purple feet after taking a kid into custody, and felt terrible after that. She noted that the petitioner's pacemaker and valve were working well, and there were no issues with the device. She ordered an echo to establish post replacement parameters. She noted that Dr. Chaturvedula would continue to follow petitioner for his valve and INR. Dr. Mina was of the opinion that petitioner was considered high risk to work the full functions as a police officer given his complete heart block and weak heart muscle.

On 1/10/23 petitioner emailed Dr. Mina and informed her that he needed a note taking him off work until further notice per his appointment on 1/9/23. Dr. Mina provided him with an off work note that stated that "it is my medical opinion that Bradley R. Vaughn cannot work until further notice per my medical assessment." Petitioner did not return to work for respondent as a police officer or school resource officer based on this off work note.

Petitioner testified that after seeing Dr. Chaturvedula and Dr. Mina he was put on several heart failure medications. He denied ever being on these medications before 12/14/22.

On 2/4/23 adjustments were made to petitioner's pacemaker. Petitioner testified that in February and March of 2023 he was continued off work by Dr. Mina and Dr. Marshall.

On 3/7/23 Dr. Mina increased petitioner's Toprol XL to 50 mg/day since his heart rate was above his average. She also noted that Dr. Chaturvedula was considering prescribing Entresto, and was also considering upgrading it if petitioner's ejection fraction dropped below 35%. It was noted that his CMP ejection fraction was at 40%.

An undated letter was sent to petitioner's attorney Stephen Kelly, by Dustin Sutton, Chief of Police, regarding petitioner. It stated:

"[I]t was my understanding Mr. Vaughn was unable to return to work in his prior capacity. We are prepared to bring Mr. Vaughn back in a lighter capacity. His job duties would consist of sitting at a desk and not lifting greater than 5 lbs. This position reports to the Chief of Police and the hours are 3:00 pm to 11:00 pm. Wednesday through Sunday. Please have your client report back to begin this position effective Wednesday, March 29, 2023 at the Village of Peoria Heights Police Department."

On 3/25/23 Kelly sent an email to Anthony Enrietti (respondent's attorney) regarding a letter petitioner received from CPH regarding his return to work. The email discussed money that was to be sent to petitioner following the email the prior week. Also, it was in response to a letter petitioner received the day before

offering him light duty work. It also noted that the petitioner had received FMLA paperwork Friday morning. Kelly told Enrietti that respondent was ignoring the fact that Dr. Mina had taken petitioner off work as of 1/10/23.

On 3/28/23 Kelly sent another email to Enrietti informing him that since petitioner has been authorized off work since 1/10/23, in no way was he abandoning his job. He stated that any light duty offers violate the complete off work slip. At 9:01 am Enrietti responded "You and I both know Dr. Mina's off work slip is garbage. For work comp purposes I did recommend paying the advance so we can have the minimal treatment records reviewed. I do not represent the Village/police Dept other than it relates to the wc case." At 9:08 Kelly responded "So, do you recommend I call the chief directly regarding this issue?? If you are telling me this not your issue, I will." At 12:03 pm Enrietti wrote "What exactly is your issue? Pet has an off work slip from his doctor. And you may not call the chief. Prep a letter and send it to me to forward it on. I will determine if there is a wc component to your letter. Either way I will forward it on." At 12:06 pm Kelly responded "Considering the off work note, my client will not be reporting to light duty. I want your client to know that he is responding to their request, and simply not just blowing them off or abandoning his job. Forward this on, as my letter."

Petitioner testified that after 4/1/23 respondent never followed up with him as it relates to a light duty job with respondent.

On 4/20/23 petitioner followed-up with Dr. Chaturvedula. He noted that petitioner had been off work given his cardiac condition, and that petitioner was filing for disability in hopes of finding a desk job. He noted that petitioner was compliant with medical therapy, his blood pressure appeared to be well controlled, and he had not had any more episodes of concern. He noted that petitioner was on Coumadin, Jardiance, and Entresto for heart failure, and requested Dr. Mina to take over his care.

Petitioner testified that on 5/8/23 he followed-up with Dr. Marshall, and still had complaints of fatigue, lightheadedness, and shortness of breath. He denied any of these complaints prior to 12/14/22.

On 5/16/23 petitioner underwent a Section 12 evaluation by Dr. David Fletcher at SafeWorks Illinois, at the request of his attorney. Petitioner reported that on 12/14/22, while working as a school resource officer, he had an altercation with a student and noticed his hands, feet and lips turned purple. He also noted that he was extremely short of breath. He noted that he had been off work since 1/10/22. Petitioner noted that he could complete most of his activities of daily living, but was unable to mow the lawn and walk around the block because these activities caused him shortness of breath.

Dr. Fletcher noted petitioner had a 25 year history of heart disease (since age 13), as well as a history of bicuspid aortic valve and a degree of aortic regurgitation due to bicuspid aortic valve. He also noted that

petitioner underwent a Bentall procedure with aortic valve and root replacement, and had a complete heart block after the procedure, for which he had a dual-chamber Medtronic pacemaker implanted. Petitioner complained of fatigue with activity, as well shortness of breath, dizziness, and weakness with exertion. Dr. Fletcher's clinical examination of petitioner was unremarkable except for evidence of past surgery and the fact that he had a permanent implantation of a pacemaker. Petitioner denied any chest pain. Dr. Fletcher noted that petitioner had minimal depression.

Following his examination and record review, Dr. Fletcher gave his opinions as to whether or not petitioner's conditions of ill-being are related to his work activities for respondent. Dr. Fletcher was of the opinion that petitioner's condition is related to an aggravation of a preexisting condition. Petitioner reported that after his cardiac surgery he had no issues for a year until the altercation occurred. He noted that petitioner had been off work since the incident on 12/14/22 and his cardiologist recommended him going on disability. Dr. Fletcher noted that petitioner told him that his job causes him too much stress on his heart, and if petitioner continues to work with his lowering ejection fraction, he will go into heart failure, as he has evidence of cardiomyopathy.

Dr. Fletcher noted that the incident was the straw that broke the camel's back during the arrest of a student who was acting out. He noted that petitioner suffered a complete heart block as his pacemaker malfunctioned and he immediately had decreased output. Dr. Fletcher was of the opinion that this is something that can reoccur.

Dr. Fletcher noted that respondent did not require a fitness for duty evaluation when petitioner returned to work after his November 2021 cardiac surgery. Dr. Fletcher was of the opinion that based on petitioner's past history, he should have never been hired as a police officer in the first place with his significant heart history since age 13, when he first started having PVC's or premature ventricular contractions and was diagnosed with cardiomyopathy. Dr. Fletcher was also of the opinion that petitioner should never have returned to his work as a police officer after his cardiac surgery in November of 2021. Dr. Fletcher was of the opinion that petitioner's diagnosis of cardiac issues was aggravated by his work activities through the City of Peoria Heights.

Dr. Fletcher's examination revealed shortness of breath and dyspnea on exertion with activity, as well as surgical scars related to cardiac valve replacement surgery and pacemaker insertion. Dr. Fletcher's diagnosis was status post November 2021 pacemaker insertion for complete heart block, cardiomyopathy, aortic root surgical repair, and AV valve reconstruction with an episode of heart blocking during the work incident on 12/14/22 when he had an altercation with a student while working as a school resource officer.

Dr. Fletcher was of the opinion that petitioner needed to leave law enforcement as he is not fit for duty as a police officer. If he continued as a police officer, he would have the risk of sudden death and would pose as a risk to himself, as well as the public he is sworn to protect. Dr. Fletcher believed that petitioner is capable of working a sedentary light position in an environmentally controlled setting to avoid extremes of heat and cold. He noted that he was concerned about petitioner being on anticoagulation and being involved in altercations or incidents, and responding to emergency situations which could increase petitioner's risk of bleeding/hematoma, etc.

Dr. Fletcher was of the opinion that petitioner had reached maximum medical improvement from his work incident. Dr. Fletcher was of the opinion that petitioner cannot work in a stressful high paced work environment, and needs to remain in the sedentary light work level-controlled environment. He was further of the opinion that petitioner cannot perform law enforcement duties where he has a prisoner or is apprehending perpetrators.

On 4/26/23 petitioner underwent a Section 12 examination performed by Dr. Dan Fintel at Northwestern University, The Feinberg School of Medicine. Petitioner reported that on 12/14/22 he was apprehending a student while at work, and became involved in a physical altercation with the student. During the course of the altercation, he became very short of breath, and noticed that his lips and hands appeared purple in color. Petitioner reported that he took a rest for about 30 minutes and felt as though he was able to catch his breath again, so he drove back to his home. He noted that because his symptoms resolved he did not seek emergency care for these symptoms. Petitioner then gave a history of his call to his cardiologist on 12/14/22, and his treatment on 1/6/23 and 1/9/23.

Petitioner told Dr. Fintel that on 1/9/23 Dr. Mina noted that he was "high risk to work full function as a police officer given his complete heart block and weak heart muscle." Based on these recommendations, petitioner stated that he has not proceeded to resume full duty work and perform any physical labor. Following his record review and examination of petitioner, Dr. Fintel noted that petitioner denied any recurrent episodes of similar symptoms, but had not undergone any formal exercise testing to evaluate his functional capacity.

Dr. Fintel was of the opinion that given that the petitioner denies any current symptoms, and has not exerted himself to the same degree as he had been exerting himself at the time of the incident, there is no evidence linking the incident on 12/14/22 to any subsequent symptoms or problems. Dr. Fintel was of the opinion that petitioner had underlying LV dysfunction prior to the incident which had been, and continues to be treated appropriately with medical therapy. Dr. Fintel did not believe petitioner sustained a heart related injury as a result of the incident on 12/14/22. However, he also noted that it is plausible that significant physical exertion, with petitioner's pacemaker not having heart rate responsiveness enabled, would provoke significant

fatigue and shortness of breath. Dr. Fintel was of the opinion that these symptoms did not appear to cause any lasting damage based on the records provided and based on his assessment of his status during his evaluation. Dr. Fintel was of the opinion that petitioner warranted formal exercise testing with echocardiography to assess his functional capacity and determine whether his LV dysfunction has improved following initiation of appropriate medical therapy. He noted that once this has been assessed, then petitioner can be considered for a return to full duty, or, if his symptoms remain limiting, he can be considered for a position which is sedentary and requires little physical exertion.

On 9/13/23 petitioner was seen for his regular pacemaker check and management. An echocardiogram was recommended to evaluate continued valve function as well as his LV function after optimization of neurohormonal blockade with Jardiance, Entresto and beta-blockade. This was not approved.

On 1/1/24 Dr. Fletcher authored an addendum report at the request of petitioner's attorney. Dr. Fletcher noted that in addition to reviewing his prior report in depth, he conducted additional research regarding police work and cardiovascular conditions. Dr. Fletcher was of the opinion that respondent did not require a fitness for duty evaluation when petitioner returned back to work after his November 2021 cardiac surgery, even though he underwent an extensive procedure that should have disabled him from returning to police work as he had several disabling cardiovascular disease conditions: 1) complete heart block which required installation of a pacemaker (which is not foolproof to protect an individual as what happened in this instant case during the December 2022 altercation); 2) valvular heart disease which required a valve replacement necessitating going on anti-coagulation medication; and, 3) cardiomyopathy. Dr. Fletcher was also of the opinion that there was never a determination whether or not petitioner met the minimal standard of care for cardiovascular fitness requirements for a police officer in the United States to perform at a metabolic work level of at least 12 METS. Dr. Fletcher noted that respondent has no published medical fitness standards that have been made available to his specialist to review.

Dr. Fletcher noted that the American College of Environmental and Occupational Medicine (ACOEM) general guidance on cardiovascular conditions states that:

“Law enforcement officers (LEOs) with known cardiovascular disease (CVD) may be capable of safe and effective job performance. However, LEOs with CVD (or CVD risk factors) are at increased risk for sudden incapacitation, jeopardizing their ability to perform critical job functions (see also LEO chapter on Essential Job Functions). Therefore, an individualized assessment of the LEO is needed to ensure safe and effective job performance. The person conducting the evaluation must be familiar with the following:

- The physiologic demands of the critical job functions;
- Cardiovascular disease (CVD) and its management; and

- The risk for sudden incapacitation associated with CVD conditions and CVD risk factors.

Dr Fletcher was of the opinion that no such individualized assessment was made of Officer Vaughn following his cardiac surgery, and that petitioner did not have an individualized occupation-specific post open heart surgery cardiac rehab program that showed he was capable of meeting the minimal cardiovascular requirements of police work.

Dr. Fletcher reiterated that with regards to petitioner's injury on 12/14/22, it remained his opinion that petitioner's present condition is related because it represents a permanent aggravation of a preexisting condition. He was of the opinion that as a result of the incident on 12/14/22 the cardiac output required to respond to the altercation overwhelmed the pacing parameters of his device. Dr. Fletcher noted that petitioner believes that his job causes too much stress on his heart and lowering of his ejection fraction, and if he continues working, his condition will get worse. Dr. Fletcher was of the opinion that petitioner is justifiably worried that he will go into heart failure, as he has evidence of underlying cardiomyopathy.

On 3/19/24 petitioner returned to Dr. Mina for his regular pacemaker check and management. She noted that petitioner had no chest pain, palpitation, or shortness of breath. She noted that petitioner was active and about with no complaints. It was noted that an echocardiogram in November of 2023 showed ejection fraction of 35-40%.

On or about 3/28/2024 petitioner began working as an inside sales agent for Adam Merrick Real Estate. Petitioner testified that he makes about \$35,000.00 a year. He further testified that his job does not require him to do any type of security or police work. He stated that all he does is schedule appointments for all the listing agents because they have a very large team of agents. He also takes phone calls, sends emails, and attends meetings. He stated that everything is electronic. He testified that while on the phone call he gets information and writes it down, and after the call ends he enters all that information into the computer. Petitioner has no contact with people that come into the office. He stated that the office has 14 or 15 employees. Petitioner testified that his doctors allowed him to perform this type of work. Petitioner works 40 hours a week. Petitioner testified that he accepted this job because it met his physical restrictions, and Adam Merrick is an outstanding man, who coaches his son's wrestling, and when he told him about his hardships, Merrick told him he had a job he could offer him that would meet his restrictions. Petitioner testified that he did not pursue any other jobs with similar physical requirements.

On 5/17/24 the evidence deposition of Dr. Fintel was taken on behalf of the respondent. Dr. Fintel is board certified in internal medicine, cardiology and nuclear cardiology. Dr. Fintel is a professor of medicine at Feinberg School of Medicine at Northwestern University, and a senior attending physician at Northwestern

Memorial Hospital. Dr. Fintel also has academic responsibilities. Dr. Fintel testified that although he is familiar with pacemakers, he is not an electrophysiologist. He noted that he does not implant pacemakers, or deal with pacemakers every day. Dr. Fintel testified that he takes care of patients and their pacemaker problems that include infected pacemakers, malfunction of pacemaker, etc. Dr. Fintel noted that petitioner had a bicuspid aortic valve for which he underwent a Bentall procedure on 11/8/21. He noted that petitioner had some post-op complications, and it was treated with a dual chamber permanent pacemaker. Dr. Fintel noted that after the surgery on 11/8/21 petitioner was taking state of the art treatment for patients with enlarged left ventricles. Dr. Fintel noted that petitioner's cardiologist on 12/21/22 was concerned that petitioner's pacemaker did not have rate responsiveness enabled, and his pacemaker may not have been able to augment his heart rate appropriately during a stressful or physically taxing situation such as the one he experienced on 12/14/22.

Dr. Fintel was of the opinion that there was no evidence of any arrhythmic events that could have explained why he felt poorly on 12/14/22. Dr. Fintel opined that there was no permanent alteration of petitioner's cardiovascular system as a result of the incident on 12/14/22. Dr. Fintel was of the opinion that the event on 12/14/22 was emotionally stressful, and transiently physically stressful because he suddenly had to exert himself more. That said, Dr. Fintel was of the opinion that as a result of the incident on 12/14/22 there was no condition that weakened petitioner's heart muscle, or caused a loss of muscle tissue. He was of the opinion that petitioner did not sustain a heart attack or arrhythmia, although arrhythmias are transient events that are reversible. He was also of the opinion that there is no evidence of any lasting impediment to cardiac contraction that occurred during the relatively short period of time when he was excessively fatigued, and briefly cyanotic. He was further of the opinion that stressful episodes don't kill heart muscle and don't lead to permanent sequelae.

Dr. Fintel was of the opinion that the incident on 12/14/22 stimulated petitioner's physicians to in fact improve the programming of his pacemaker to become rate responsive, which would presumably give him increased strength and endurance when he has to do physically exerting tasks where he needs a higher heart rate to maintain his cardiac output. Although Dr. Fintel did not believe petitioner needed any work restrictions as they relate to his heart, he believed petitioner would benefit from formal exercise testing. Based on what he saw from the previous echocardiograms and what petitioner reported to him, Dr. Fintel thought petitioner would be capable of a reasonable degree of physical exertion. He did not believe petitioner could run at a fast speed after a potential criminal, but could certainly engage in moderate activities and in sedentary activities. Dr. Fintel then stated that he believed petitioner's physical capabilities today would be as good as they were before 12/14/22.

On cross examination Dr. Fentil was not sure if petitioner was a police officer at the time of the incident on 12/14/22, or a security officer at the school. Dr. Fentil had no evidence that petitioner missed any work leading up to 12/14/22 due to cardiac issues. He agreed that the records in the case and petitioner's history indicated that he was able to perform unrestricted work as a police officer for respondent in the 3 months leading up to 12/14/22. Dr. Fentil agreed that the incident on 12/14/22 contributed to petitioner's complaints immediately following the incident as it relates to his hands turning purple, and the symptoms he felt on 12/14/22. Dr. Fentil also agreed that as a result of the incident on 12/14/22 petitioner's pacemaker was altered or regulated by the physicians he saw a week later. Dr. Fentil testified that he never saw petitioner after his exam in April 2023, and never saw any additional treatment records. Dr. Fentil testified that over 90% of his work is for the respondent employer. Dr. Fentil did not dispute that petitioner was working unrestricted duty right before the incident on 12/14/22; that an incident occurred at work on 12/14/22; and, that petitioner is now on restricted work by other doctors.

On redirect examination Dr. Fentil was of the opinion that if he was presented with an opinion from another doctor or expert that had information and concluded, based on a very poor performance on a stress test that petitioner was not able to do ordinary activity or moderate activity, then he would change his opinion regarding petitioner's work ability. Dr. Fentil was of the opinion that with an ejection fraction of 40% petitioner should be able to do activities that includes moderate activity, walking around, walking around a school, and presenting himself for security issues. He further testified that beyond that he would need more objective evidence. Dr. Fentil was of the opinion that whatever work restrictions that petitioner deserved and is entitled to, would have existed prior to 12/14/22 and would be the same after that date. He was further of the opinion that there was nothing that happened as a result of the incident on 12/14/22 that entitled him to more or less restrictions. Again, he stated that these opinions could be changed based on the results of an objective stress test.

On 8/27/24 at 2:02 Britta White from Kelly's office, sent an email to Jim Magiera (respondent's attorney). She wrote, "[S]teve is available on 9/6, 9/9 or 9/10 for a pretrial during the Peoria call. Please advise which date you prefer. At 2:06 pm Magiera wrote, "I can do 9/10. Our vocational counselor has been trying to schedule an initial assessment of the Petitioner with your office. Is there an objection to this?" At 2:09 pm Kelly sent an email to Jim Magiera (respondent attorney). Kelly stated "My client has a job, thus, vocational assistance is not needed, This will be a very significant wage differential case. Present case value will exceed \$450,000.00."

On 2/4/25 respondent had a Labor Market Survey Report regarding petitioner completed by Katelyn Glembot, MRC, CRC, Vocational Consultant. The report was made without any direct contact with petitioner.

Glembot identified petitioner's job as a School Resource Officer. Based on the work capabilities outlined by Dr. Fletcher on 5/16/23 and Dr. Fintel on 5/22/23, Glembot identified the following vocational opportunities:

- 1/17/25 – Administrative Assistance/Fire Department – City of East Peoria
- 1/17/25 – Secretary/Scheduler/Procurement – River City Machine, LLC
- 1/17/25 – Caterpillar-Operator – Caterpillar
- 1/22/25 – Administrative Assistant – Carle Health
- 1/22/25 - Deputy Clerk – Woodford County Circuit Clerk
- 1/22/25 – Sales Representative – Valor Technologies Cleaning LLS
- 1/29/25 – Security Operations Center Dispatch – Allied Universal
- 2/4/25 - Record Office Coordinator – State of IL - DOC

Glembot indicated that the positions surveyed suggest a starting range of \$20.36 to \$36.06 an hour.

On 4/5/25 the evidence deposition of Dr. Fletcher was taken on behalf of petitioner. Dr. Fletcher is board certified in occupational medicine, as well as occupational medicine for 35 years. He stated that he works with employers on a daily basis, being able to determine a causality as it relates to a condition of ill-being and work injuries. Dr. Fletcher testified that he has worked with individuals who have suffered cardiac injuries. He noted that it is a relatively common occupational, as well as nonoccupational issue. Dr. Fletcher noted that since 1986 he has seen hundreds of police officers over his career for different jurisdictions, and for pension examinations.

Dr. Fletcher understood petitioner had an acute cardiac event that happened on 12/14/22, when he was working as a school resource officer, and was involved in an incident where he had to deal with a student. Dr. Fletcher was of the opinion that due to petitioner's physical exertion during the incident, he ended up having a syncopal type of episode after the pacemaker that was installed for a preexisting cardiovascular condition failed to activate and particularly pace his heart. He was of the opinion that petitioner's heart stopped beating.

Dr. Fletcher was of the opinion that following petitioner's last procedure done prior to the work injury, he was asymptomatic and returned to police work until the incident on 12/14/22. Dr. Fletcher believed that during the altercation with the student petitioner started noticing his hands and feet turning purple and cold, was short of breath, and was basically passing out. He was of the opinion that petitioner got an adrenaline rush dealing with the event which he perceived was potentially life-threatening, and it overwhelmed his ability to respond to it because his pacemaker did not keep up the demand that he needed for his cardiac output. Dr. Fletcher noted that petitioner was not able to return to work for respondent. Dr. Fletcher opined that the incident on 12/14/22 was a permanent aggravation of a preexisting condition, and petitioner is not able to return to work as a police officer as a result of the injury on 12/14/22. Dr. Fletcher was of the opinion that prior to the event on 12/14/22

petitioner was asymptomatic and his cardiac condition was being controlled to the extent he did not have symptoms related to his cardiomyopathy. However, following the event he became symptomatic. Dr. Fletcher noted that after he saw petitioner in May of 2023, petitioner reported that he had fatigue with activity, had shortness of breath, dizziness, and weakness with exertion, and had to be very careful with his activities. Dr. Fletcher opined that the reports and literature he provided in his supplemental report support his opinions on causation.

Dr. Fletcher was of the opinion that petitioner has to avoid overtasking himself from an exercise endurance aspect; continue his blood thinners, medications for his cardiomyopathy, and cholesterol medications; and, maintain his medical treatments to maintain his cardiovascular function. Dr. Fletcher was also of the opinion that petitioner needs to continue with his maintenance of his pacemaker.

On cross examination Dr. Fletcher testified that the majority of his work is as a recurrent case treating physician, and coordinating care with physical therapy or other physicians who are in or outside of his office. He testified that 50% of his patients were involved in some kind of injury care where there is a claim. He further testified that he also does a lot of specialized exams, fitness for duty exams, as well as FAA medical exams. Dr. Fletcher testified that he is not a cardiologist, but has 2 days of training and testing on cardiovascular issues every year.

Dr. Fletcher was of the opinion that petitioner's heart issues happened soon after the incident on 12/14/22. Dr. Fletcher was further of the opinion that petitioner did not receive or seek immediate care after the incident because his pacemaker ended up responding after the incident and petitioner had a restoration of his cardiac output and he continued working for a while. Dr. Fletcher testified that he could not state whether petitioner's physiologic condition before the incident was the same after the incident because he had not seen any follow-up objective cardiac output testing, since it was denied by the insurance company. But he did note that petitioner's symptomatology has persisted. Dr. Fletcher testified that respondent did not have petitioner perform any simulated testing on police officers where they have a scenario where they are responding to an emergency situation, even though it had been recommended. Dr. Fletcher also testified that petitioner told him he becomes symptomatic every time he tries to exert himself. Dr. Fletcher stated that petitioner has not sustained any additional like incidents since the incident on 12/14/22. Dr. Fletcher opined that petitioner can perform sedentary non-potential altercation response type of positions like office work. Dr. Fletcher testified that petitioner told him he was still experiencing fatigue, dizziness, weakness, and shortness of breath with exertion.

Dr. Fletcher testified that based on everything he has seen with respect to petitioner's case, that there was a documented failure by the pacemaker to respond to the cardiac demand.

Respondent offered into evidence the Job Description for respondent's Police Officer position, and School Resource Officer position. (RX10, RX11)

Petitioner testified that he is still on the heart failure medications prescribed after 12/14/22, and will be for the rest of his life. He further testified that he has never been released to full duty work as a police officer by his treating physicians, and has never returned to work for respondent. Petitioner further testified that he still sees Dr. Mina every 6 months, and his general doctor every 90 days.

Petitioner currently reports fatigue any time he exerts himself, including when he climbs stairs. Petitioner testified that he can no longer mow his lawn. He stated that on a recent vacation he went for a walk on a paved trail and that was very exerting for him. He stated that he gets winded extremely easily. He can only play catch for a very short time with his kids before he has to go inside and sit, rest or lay down. He testified that his biggest issue is the amount of fatigue his body feels.

Petitioner testified that the only time he talked with the police chief was when he was telling him about the incident and the police chief told him that he needed to put it on letterhead and fill out an application with respect to the incident on 12/14/22. No light duty offer was discussed at that time. He further denied he ever had an in-person meeting with him at the police station to discuss a light duty offer. Petitioner testified that the only information he had regarding any light duty offer from respondent was from the letter that was issued to his attorney.

Petitioner testified that he has had no hospital admissions since December of 2022. He further testified that prior to 12/14/22 he was able to subdue disruptive students. Petitioner testified that he was the only officer assigned to the schools.

Theresa Vaughn, petitioner's mother testified on behalf of petitioner. Vaughn testified that since the incident on 12/14/22 petitioner has been extremely tired. She testified that he can't mow his lawn, and gets winded. She further stated that he also gets short of breath when going up and down stairs. Vaughn testified that prior to 12/14/22 he was able to do a lot of fun family activities such as kickball in the park, and hiking and walking on trails on vacation, but can no longer do these things. She testified that petitioner can no longer play with his kids like he used to. Vaughn testified that she sees petitioner for dinner a couple times a week, as well as going to church and lunch together every Sunday, and going on vacations.

Dustin Sutton, Chief of Police and Village Administrator for Village of Peoria Heights, was called as a witness on behalf of the respondent. Chief Sutton ultimately oversaw petitioner's work as a police officer. Chief Sutton testified that he spoke with petitioner after he submitted a memo regarding the injury on duty. At that time, Sutton offered petitioner a light duty position on the 2nd shift. His duties would include doing

paperwork, processing FOIA requests, handling walk-in traffic, and whatever might be in a secured, behind a Level 7 wall of armor. He stated that petitioner would retain his full pay and benefits. Chief Sutton testified that petitioner declined the offer. He also testified that Deputy Chief Ahart was also present when he made the offer of light duty work.

Chief Sutton testified that following the conversation, he talked with counsel, and then issued a letter to petitioner's attorney memorializing the light duty job offer that was to start on 3/29/23. He testified that he then received an email from petitioner's attorney informing them that petitioner would not be reporting to work the light duty job. Chief Sutton testified that he never rescinded the light duty offer to petitioner, but another officer on light duty is currently working in the position he offered petitioner. Chief Sutton testified that he had a conversation with petitioner early on in his working career, prior to be assigned a school resource officer, where the petitioner told him that scheduling was a conflict for him and his family on the 3rd shift. Chief Sutton thought petitioner might leave the department so he told him to hold on, that there was going to be a special assignment coming that would be perfect for him. Chief Sutton testified that petitioner was eventually offered the school resource officer position, which he accepted.

On cross examination, Chief Sutton testified that he was not disputing the fact that on 12/14/22 petitioner was involved in a work accident as a school resource officer. Chief Sutton also did not dispute that petitioner was taken off work by his doctor on 1/6/23, if that's what the memo said. Chief Sutton testified that petitioner reported the injury to him in January of 2023, and that is when he had the conversation with him regarding the light duty offer. Chief Sutton agreed that he spoke with counsel after his light duty discussion with petitioner, and that the light duty offer letter to petitioner's attorney was not sent until March of 2023. He testified that no additional conversations with petitioner regarding light duty were held with petitioner between January and March of 2023, prior to the light duty letter being sent to petitioner's attorney in March of 2023. Chief Sutton testified that he did not know petitioner was authorized off work by his doctor when he wrote the letter, but then agreed that he knew petitioner had been taken off work by his doctor when petitioner submitted his incident memo to him in January of 2023. Chief Sutton testified that he did not know if petitioner was fully off work, or on light duty when he sent the letter on 3/29/23.

Deputy Chief Christopher Ahart, was called as a witness on behalf of respondent. Deputy Chief Ahart oversees all the officers, scheduling, training logs, any type of discipline, and day to day operations of the department. He testified that petitioner reported an incident on 12/14/22, when he came in his office the same day as the incident and provided him with the details about the incident. He testified that petitioner completed the incident report. Deputy Chief Ahart testified that following the incident petitioner took a week of PTO off during the week of Christmas. He testified that upon returning to work petitioner worked as a regular patrol

officer for about 3 weeks until school resumed. Chief Ahart testified that he was present when Chief Sutton offered petitioner the light duty job on the 2nd shift.

On cross examination, Deputy Chief Ahart testified that petitioner was involved in an incident with a student on 12/14/22, and saw the body cam detailing the event. He testified that the incident was an aggressive event.

C. DID AN ACCIDENT OCCUR THAT AROSE OUT OF AND IN THE COURSE OF PETITIONER'S EMPLOYMENT BY RESPONDENT?

Petitioner presented un rebutted testimony that on 12/14/22 while working as a school resource officer he was involved in an altercation with a combative student. Initially, petitioner tried to verbally engage with the student in an attempt to calm him down, and deescalate the situation. When this did not work, the student attempted to get by him and Mooney towards the cabinets with glass doors and try to punch the doors. Petitioner then grabbed the student and tried to restrain him, but the student tried to spin around and hit him. At this point, petitioner took the student to the ground. It took about 2 minutes to get the student in handcuffs due to the fact that the student continued to resist and struggle with petitioner. Once in handcuffs, petitioner and Mooney lifted him up and petitioner kept his arm through the student's arms to keep him restrained as the student continued to try and thrash around to get at the cabinets. At this point, petitioner had a hard time catching his breath, and taking deep breaths hurt. Petitioner also testified that from his knees down to his feet felt like they were on fire, and his legs were very heavy. He also noticed that his hands from the tips of his fingers to the middle of his palm had really dark streaks of purplish-blue color. At this time, petitioner did not feel well and realized that something was going on.

Chief Sutton testified that he spoke with petitioner after he submitted a memo regarding the injury on duty. He stated that he had no reason to believe this incident did not occur on 12/14/22.

Deputy Chief Ahart testified that following the incident on 12/14/22, petitioner returned to the station and provided him with the details about the incident. He also testified that petitioner completed an incident report that day. Chief Ahart saw the body cam detailing the event, and noted that it was an aggressive event.

Based on the above, as well as the credible evidence, the arbitrator finds the petitioner has proven by a preponderance of the credible evidence that he sustained an accidental injury that arose out of and in the course of his employment by respondent that arose on 12/14/22.

F. IS PETITIONER'S CURRENT CONDITION OF ILL-BEING CAUSALLY RELATED TO THE INJURY?

It is un rebutted that at the age of 13 petitioner was diagnosed with PVC's, a random or irregular heart beat that would hit every once in a while. Petitioner was provided no treatment or medication for this condition. He was told they would just monitor it.

Petitioner went on to play sports in high school and pass all the physical examinations to play. During his college years petitioner was never under any active care for his cardiac issues, and had no cardiac symptoms, such as fatigue or lightheadedness.

Prior to working for respondent, petitioner worked at WalMart doing security; for The Children's Home as a residential counselor; as a volunteer firefighter for Northern Tazewell Fire Department; and, as an EMT. While performing these jobs petitioner had no restrictions related to any cardiac issues. He also had no cardiac issues, or problems with fatigue or lightheadedness while performing these jobs.

Following these jobs, petitioner was hired as a police officer for the city of Normal, IL. Petitioner went through the police academy for five months and was able to perform all the physical activities required of that training without incident. He testified that he had no difficulties as they related to his heart condition while in the police academy. He denied any lightheadedness, or shortness of breath. Petitioner testified that he also passed the fitness for duty examination for a police officer for the City of Normal. Petitioner worked as a police officer for the City of Normal for about 5 ½ years without any difficulties as they relate to his heart. He was able to perform all the duties of a police officer.

In 2008 petitioner was hired by respondent as a police officer. Petitioner testified that he had no issues with his heart at that time. Petitioner performed all the duties of a police officer and school resource officer. Petitioner denied any problems with his heart while working in either of these positions for respondent before 12/14/22.

On 1/18/21 petitioner presented to Dr. Marshall for medication management. He had no questions or concerns. Petitioner did report a history of a bicuspid aortic valve, as well as the degree of aortic regurgitation due to his bicuspid aortic valve. He noted that he had not seen a cardiologist in the last 15 years for this condition, despite the fact that he was told at that time to come back in 10 years. Dr. Marshall's exam of petitioner's heart noted normal rate and regular rhythm. His heart sounds were normal with no murmur, friction rub or gallop. Dr. Marshall referred petitioner to a cardiologist for overdue surveillance of his bicuspid aortic valve.

Petitioner was seen by Dr. Chaturvedula and on 11/18/21 underwent an aortic valve replacement with modified Bentall procedure performed by Dr. Chaturvedula. The procedure was complicated by a complete

heart block, and on 11/24/21 petitioner was given a permanent pacemaker. Petitioner was discharged on 11/25/21, and on 1/18/22 petitioner was released to full duty work without restrictions for respondent. Petitioner resumed his work as a police officer and school resource officer for respondent. At that time, petitioner had no symptoms that would have precluded him from doing his work as a police officer, and respondent must have agreed, given that they did not require petitioner to undergo a fitness for duty examination before returning to work.

Following the surgery, through 11/18/22, petitioner regularly followed up for his pacemaker. He reported no chest pain, palpitation, or shortness of breath. He reported that he was active and about, with no cardiac complaints. He reported that he was asymptomatic and able to do most activities. Following his examination on 11/18/22 it was determined that the pacemaker was working well and there were no issues with the device. Dr. Mina continued petitioner's full duty work status.

Petitioner testified that from 1/18/22 through 12/14/22 he performed the full duties of a police officer for respondent that included responding to emergency calls, and confrontations with a large group of new kids from an opposing school that got into large fights with the other students at the school where he was working. Petitioner stated that there was one fight after 1/18/22 that was a large fight that required a very large police response. Petitioner testified that there were several foot pursuits throughout this time, and it was a regular occurrence to have fights at the school in 2022. From 1/18/22 through 12/14/22 petitioner was able to engage in all physical activities his job as a police officer and school resource officer required without any cardiac issues, including lightheadedness or fatigue.

After the accident on 12/14/22, the symptoms petitioner experienced during the altercation that day did not all go away after the accident, namely the feelings of exhaustion and fatigue. Petitioner saw Dr. Chaturvedula on 1/6/23 and Dr. Chaturvedula told petitioner there were no alerts on his pacemaker, but given that his tachy tier was set at 188 bpm, and his rate responsiveness was not on at the time of the injury, he was unable to know if petitioner was having an event at the time of the injury. Dr. Chaturvedula was of the opinion that they needed to make sure the rate responsiveness on the pacemaker was turned on, especially given that with such an adrenergic rush, it would be important for petitioner's pacemaker to ramp up to the rate of 30 so that petitioner would not feel bad. Dr. Chaturvedula opined that it was not inconceivable that given the high intense situation petitioner was in on 12/14/22 that petitioner would feel the symptoms he felt.

Petitioner continued to follow up with Dr. Chaturvedula, Dr. Mina, and Dr. Marshall, but his complaints of exhaustion and fatigue continued. Following the injury on 12/14/22 Dr. Chaturvedula and Dr. Mina placed petitioner on several new medications for heart failure.

Causal connection opinions were offered by Dr. Fletcher who examined petitioner on behalf of petitioner, and Dr. Fintel on behalf of respondent.

Dr. Fletcher opined that petitioner's current condition of ill-being is causally related to an aggravation of a preexisting condition. Dr. Fletcher was of the opinion that petitioner suffered a complete heart block on 12/14/22 when his pacemaker malfunctioned and he immediately had decreased output. He was further of the opinion that petitioner has reduced cardiovascular reserve as a result of the injury on 12/14/22.

Dr. Fletcher was of the opinion that prior to 12/14/22 petitioner was asymptomatic, his cardiac condition was being controlled to the extent he did not have any symptoms related to his cardiomyopathy, and he was able to work the full duties of a police officer without restrictions, but following the event on 12/14/22 he has remained symptomatic. These symptoms include fatigue with activity, as well as shortness of breath, dizziness, and weakness with exertion.

Dr. Fintel opined that since petitioner denied any current symptoms, and had not exerted himself to the same degree as he had been exerting himself at the time of the incident, there is no evidence linking the incident on 12/14/22 to any subsequent symptoms or problems. The arbitrator finds this opinion less than persuasive given that since 12/14/22 petitioner has repeatedly reported that he is exhausted and fatigued with any exertion.

Dr. Fintel first stated that he did not believe petitioner sustained a heart related injury as a result of the incident on 12/14/22, but then stated that it is plausible that significant physical exertion with petitioner's pacemaker not having heart rate responsiveness enabled, would provoke significant fatigue and shortness of breath. Dr. Fintel then concluded that based on his review of the records and his assessment of petitioner, that petitioner's symptoms at the time of the injury that he claims have continued, did not appear to cause any lasting damage. The arbitrator finds Dr. Fintel's opinion that petitioner's symptoms of significant fatigue and shortness of breath did not occur to cause any lasting damage inconsistent with the credible medical evidence that supports a finding that since the injury on 12/14/22 petitioner has continually reported ongoing symptoms of fatigue and shortness of breath that have not abated.

The arbitrator finds it significant that even though Dr. Fintel noted that petitioner's cardiologist was concerned that petitioner's pacemaker did not have rate responsiveness enabled, and may not have been able to augment his heart rate appropriately during the stressful or physically taxing situation he experienced on 12/14/22, that he would still opine that even though the event on 12/14/22 was emotionally stressful, and transiently physically stressful because petitioner suddenly exerted himself more, that the incident on 12/14/22 did not cause his heart muscle to weaken, cause a loss of muscle tissue, or result in any evidence of a lasting impediment to cardiac contraction. The arbitrator does not give significant weight to these opinions, because

the credible medical evidence clearly shows that petitioner's physical condition did in fact change after 12/14/22, and petitioner was placed on new medications for heart failure that he was not on prior to the accident on 12/14/22.

Lastly, Dr. Fentil was of the opinion that petitioner would be capable of a reasonable degree of physical exertion and could certainly engage in moderate and sedentary activities, but he could not run at a fast speed after a potential criminal. Dr. Fentil also stated that he believes petitioner's physical capabilities today would be as good as they were before 12/14/22. The arbitrator again gives lesser weight to these opinions of Dr. Fentil because the arbitrator does not see how the petitioner is now unable to perform all the duties of a police officer today, if his physical capabilities today are as good as they were before 12/14/22. The arbitrator finds these two opinions contradictory to each other.

Based on the above, as well as the credible evidence, the arbitrator finds the causal connection opinions of Dr. Fletcher more persuasive than those of Dr. Fentil, and finds petitioner's current condition of ill-being is causally related to the injury he sustained on 12/14/22. The arbitrator bases this finding on the fact that immediately prior to the injury on 12/14/22 petitioner was able to perform the full duties of a police officer for respondent without incident and was not on any heart failure medications; that prior to the injury on 12/14/22 petitioner did not experience any shortness of breath or fatigue on exertion; that as a result of the emotional and stressful altercation on 12/14/22, petitioner had to exert himself more due to the fact that his pacemaker's rate responsiveness was not turned on, and this resulted in petitioner becoming extremely fatigued and briefly cyanotic in his efforts to restrain the combative student; that after the injury on 12/14/22, although petitioner's cyanotic symptoms resolved, his fatigue and shortness of breath on exertion continued; and, petitioner is now on medicine for heart failure that he was not on prior to the injury on 12/14/22.

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?

Having found the petitioner's current condition of ill-being is causally related to the injury he sustained on 12/14/22, the arbitrator finds the medical services that were provided to petitioner from 12/14/22 through 4/14/25 were reasonable and necessary to cure or relieve petitioner from the effects of his injury on 12/14/22.

Respondent shall pay reasonable and necessary medical services from 12/14/22 through 4/14/25, as provided in Sections 8(a) and 8.2 of the Act.

Respondent shall be given a credit of \$5,030.46 for medical benefits that have been paid, and respondent shall hold petitioner harmless from any claims by any providers of the services for which respondent is receiving this credit, as provided in Section 8(j) of the Act.

K. WHAT TEMPORARY BENEFITS ARE IN DISPUTE?

Petitioner claims he is entitled to temporary total disability benefits from 1/6/23 through 3/28/24. A period of 63 5-/7 weeks. Respondent denies any liability for temporary total disability benefits.

Following the injury on 12/14/22 petitioner was taken off work by Dr. Mina on 1/10/23. Dr. Mina provided petitioner with an off work note that stated "it is my medical opinion that Bradley R. Vaughn cannot work until further notice per my medical assessment." In February and March of 2023 Dr. Mina and Dr. Marshall continued petitioner off work.

Shortly before 3/29/23, Chief Sutton sent an undated letter to petitioner's attorney acknowledging that petitioner was unable to return to full duty work, and that respondent was prepared to bring him back to work in a lighter capacity. He offered petitioner a job that consisted of sitting at a desk and not lifting greater than 5 pounds. He noted that the position reported to him and was from 3 pm to 11 pm Wednesday through Sunday. Chief Sutton in his letter asked petitioner's attorney to have petitioner report back to work on March 29, 2023, at the Village of Peoria Heights Police Department.

Petitioner's attorney, in an emails dated 3/25/23 and 3/28/23 between himself and respondent's attorney, informed respondent's attorney that Dr. Mina had petitioner totally off work, and as such, petitioner would not be accepting Chief Sutton's offer to return to light duty work on 3/29/23.

After this date, petitioner never received another light duty offer for work from respondent. In fact, Chief Sutton testified that another officer on light duty was working the light duty position that was offered to petitioner.

On 4/26/23 Dr. Fintel was of the opinion that petitioner warranted formal exercise testing with an echocardiography to assess his functional capacity and whether his LV dysfunction had improved following initiation of appropriate medical therapy. He noted that once this had been assessed, then petitioner could be considered for a return to full duty, or, if his symptoms remained limiting, he could be considered for a position which was sedentary and required little physical exertion. There is no evidence in the credible record to support a finding that this testing was ever authorized by respondent.

On or about 3/28/24 petitioner began working as an inside sales agent for Adam Merrick Real Estate. This job requires no type of security or police work. All petitioner does is schedule appointments for all the listing agents. He also takes phone calls, send emails, and attends meetings. Petitioner earns \$35,000.00, and works 40 hours a week.

On 5/17/24, after petitioner began working his current light duty job, Dr. Fentil thought petitioner would be capable of a reasonable degree of physical exertion, but did not believe petitioner could run at a fast speed

after a potential criminal. He further believed that petitioner could certainly engage in moderate and sedentary activities. The arbitrator finds the job petitioner secured on 3/28/24 consistent with Dr. Fentil's opinions.

On 8/27/24, respondent's attorney Magiera, sent an email to petitioner's attorney informing him that their vocation counselor had been trying to schedule an initial assessment of the petitioner. Petitioner's attorney responded "My client has a job, thus, vocational assistance is not needed..."

On 2/4/25 respondent had a Labor Market Survey Report for petitioner completed. The report was made without direct contact from petitioner. The survey identified positions with a starting range of \$20.36 to \$36.06 an hour consistent with the opinions of Dr. Fletcher and Dr. Fentil as they related to petitioner's light duty capabilities.

Based on the above, as well as the credible evidence, the arbitrator finds the petitioner has proven by a preponderance of the credible evidence that he is entitled to temporary total disability benefits from 1/6/23 through 3/28/24, a period of 63-5/7 weeks. The arbitrator bases this finding on the fact that there is no credible evidence that petitioner can perform the full duties of a police officer; that once petitioner was able to work a light duty job respondent never offered petitioner another light duty job prior to 3/28/24; that on or about 3/28/24 petitioner secured a light duty job within his restrictions; that respondent did not attempt to offer any further light duty offers or vocational assistance until 5 months after the petitioner secured light duty work; and, there is no credible evidence to support a finding that the job petitioner secured is a sham job, especially given the fact that petitioner has been working in this position for over a year.

L. WHAT IS THE NATURE AND EXTENT OF THE INJURY?

Pursuant to §8.1b of the Act, permanent partial disability from injuries that occur after September 1, 2011 is to be established using the following criteria: (i) the reported level of impairment pursuant to subsection (a) of §8.1b of the Act; (ii) the occupation of the injured employee; (iii) the age of the employee at the time of the injury; (iv) the employee's future earning capacity; and (v) evidence of disability corroborated by the treating medical records. 820 ILCS 305/8.1b. The Act further provides that "No single enumerated factor shall be the sole determinant of disability." 820 ILCS 305/8.1b(b)(v).

With regard to subsection (i) of §8.1b(b), neither party offered into evidence an impairment rating. For this reason, the Arbitrator gives no weight to this factor.

With regard to subsection (ii) of §8.1b(b), the occupation of the employee, the Arbitrator notes petitioner was a police officer/school resource officer with respondent prior to 12/14/22. After the injury, petitioner is

unable to return to his full duty work as a police officer/school resource officer with respondent, or perform the duties of a police officer anywhere else. For this reason, the Arbitrator gives greater weight to this factor.

With regard to subsection (iii) of §8.1b(b), the Arbitrator notes petitioner was 37 years old on the date of injury. The arbitrator finds the petitioner has approximately 30 more years of work life expectancy. For this reason, the Arbitrator gives greater weight to this factor.

With regard to subsection (iv) of §8.1b(b), Petitioner's future earning capacity, prior to the injury on 12/14/22 petitioner earned \$72,000.24. After the injury, petitioner secured a light duty job with Adam Merrick Real Estate for \$35,000.00 a year. The Labor Market Survey performed by respondent, based on the opinions of Dr. Fletcher and Dr. Fentil, indicates that petitioner could earn between \$20.36 and \$36.06 an hour, or \$42,348.80 and \$75,004.80. Petitioner is not claiming a wage differential, but rather a loss of his person as a whole pursuant to Section 8(d)2 of the Act. For this reason, the Arbitrator gives greater weight to this factor.

With regard to subsection (v) of §8.1b(b), evidence of disability corroborated by the treating medical records, show that as a result of the accident on 12/14/22 petitioner's rate responsiveness on his permanent pacemaker was not on, and petitioner got an adrenaline rush dealing with the event which he perceived was potentially life-threatening, and it overwhelmed his ability to respond to it because his pacemaker did not keep up with the demand he needed for his cardiac output. As a result, petitioner had a really hard time catching his breath, and taking deep breaths hurt. He testified that from his knees down, his feet felt like they were on fire, and his legs felt very heavy. Petitioner also noticed that his hands from the tips of his fingers to the middle of his palm had really dark streaks of a purplish-blue color. Following the accident, petitioner was able to calm himself down and his cyanotic symptoms eventually resolved. However, the petitioner continued to experience extreme fatigue, lightheadedness and shortness of breath with exertion. After the accident, petitioner was also placed on new medication for heart failure that he was not on prior to the accident on 12/14/22.

Based on the above, as well as the credible evidence, the arbitrator finds the petitioner sustained a 45% loss of his person as a whole, pursuant to Section 8(d)2 of the Act. The arbitrator finds the petitioner sustained a loss of occupation, as it relates to working as a full duty police officer, the job he was working on 12/14/22.