

In the Matter of the Compensation of
KARLYNN J. AKINS, Claimant
WCB Case No. 12-05958
ORDER ON REVIEW
Moore Jensen, Claimant Attorneys
SAIF Legal, Defense Attorneys

Reviewing Panel: Members Curey, Weddell, and Somers. Member Weddell concurs in part and dissents in part.

Claimant requests review of Administrative Law Judge (ALJ) Naugle's order that: (1) upheld the SAIF Corporation's denials of claimant's current combined left knee condition; and (2) upheld SAIF's denials of claimant's new/omitted medical condition claims for combined and unicompartamental arthritis medial compartment left knee conditions. On review, the issue is compensability. We affirm.

FINDINGS OF FACT

We adopt the ALJ's "Findings of Fact," with the following summary.

Claimant had treated for chronic left knee pain before her February 2012 work-related injury. (Exs. A, B, D, E). In 1996, she underwent surgical debridement of a chondral lesion in her left medial femoral condyle. (Ex. G). In 1997, she continued to experience left knee pain, which Dr. Singer, an orthopedist, attributed to posttraumatic chondromalacia/medial compartment arthrosis. (Ex. K).

In 2009, left knee x-rays showed medial compartment arthritis. (Ex. L). Claimant consulted Dr. Walton, an orthopedist, who administered a series of left knee injections for "posttraumatic osteoarthritis." (Ex. 1A).

On February 8, 2012, claimant, a detention officer, injured her left knee in an altercation with an inmate. (Ex. 4). A February 17, 2012 left knee MRI showed "marked medial compartment chondromalacia." (Ex. 7). SAIF accepted a left knee sprain and contusion. (Ex. 9).

On March 28, 2012, Dr. Walton became claimant's attending physician. (Ex. 12). He obtained current left knee x-rays, which "confirmed posttraumatic arthritis of the left knee with essentially bone-on-bone contact of the medial compartment." (Ex. 12-4). In May 2012, he reported that claimant would probably need an arthroplasty procedure in the future and that it would not be

due to the work injury. (Ex. 15A). In June 2012, he concluded that claimant's left knee condition was not responding to "medical management" and encouraged her to have an arthroplasty "sooner rather than later." (Ex. 16-2, -4).

In September 2012, Dr. Dewing, an orthopedic surgeon, examined claimant at SAIF's request. (Ex. 17). Dr. Dewing opined that the February 2012 work event combined with preexisting left knee medial compartment arthritis and was the major contributing cause of claimant's disability/need for treatment until the February 18, 2012 MRI. He also concluded that the March 28, 2012 x-rays "confirmed that the major cause of her ongoing left knee pain was the preexisting left knee arthritis, now bone on bone." (Ex. 17-9). He also specifically opined that the preexisting condition was the major cause of claimant's need for knee surgery. (*Id.*)

Dr. Walton concurred with Dr. Dewing's opinion regarding the major contributing cause of claimant's disability/need for treatment, but he did not agree that claimant's condition was medically stationary. (Ex. 18). He explained that, while he did not think the work injury caused claimant's "arthritis x-ray" findings to change, the injury caused her "arthritis pain to dramatically change." (Ex. 22-1). He described claimant as "significantly disabled" by pain that "has been unrelenting and has not stopped since the injury." (*Id.*) Acknowledging that claimant would have required surgery within five to ten years for her preexisting arthritis, Dr. Walton opined that the work injury "moved that timetable up." (Ex. 23). He ultimately concluded that claimant's circumstances had not changed and that the work injury remained the major contributing cause of her need for treatment. (Exs. 22-2, 27, 28).

On November 5, 2012, claimant initiated a new/omitted medical condition claim for "unicompartmental arthritis medial compartment left knee." (Ex. 21). On November 20, 2012, SAIF amended its acceptance to include a left knee strain/contusion combined with preexisting medial compartment osteoarthritis and issued a "ceases" denial, effective February 18, 2012. (Ex. 25). Claimant requested a hearing.

On December 20, 2012, claimant initiated a new/omitted medical condition claim for "a combination between what has been diagnosed as preexisting arthritis in [the] left knee with the injury event of February 8, 2012." (Ex. 30B). On December 27, 2012, SAIF issued a denial of that claim. (Ex. 31A).¹

¹ SAIF denied claimant's new/omitted "combined condition" claim on the grounds that a claim had not been "perfected" under ORS 656.267 because the request was not for a medical "condition" and did not "clearly specify the location or nature of a specific medical condition." (Ex. 31A).

On December 21, 2012, Dr. Walton performed a left unicompartment arthroplasty to address the medial compartment arthritis in claimant's left knee. (Ex. 31).

On February 1, 2013, Dr. Puziss, an orthopedic surgeon, examined claimant at her request. (Ex. 34). Dr. Puziss opined that the February 2012 work injury was, and remained, the major cause of claimant's need for treatment for her left knee. (Ex. 34-10).

On February 20, 2013, after reviewing claimant's x-rays and prior medical records, Dr. Dewing opined that claimant's left knee strain and contusion had resolved such that the work incident "ceased" to be the major cause of the combined condition as of his September 14, 2012 examination. (Ex. 39-2). Dr. Dewing explained that, on September 14, 2012, he did not observe any effusion, swelling, or contusion. However, Dr. Dewing reported that claimant had decreased patella mobility and tenderness at the medial joint line. (*Id.*) Based on these findings, Dr. Dewing concluded that the left knee strain had resolved and claimant's primary problem was the preexisting arthritis. (*Id.*) On February 21, 2013, SAIF changed the effective date of its "ceases" denial to September 14, 2012. (Ex. 38).

On March 18, 2013, Dr. Sabahi, a radiologist, performed a record review at SAIF's request.² (Ex. 41A). Reasoning that the February 2012 work injury combined with preexisting arthritis to cause claimant's left knee to become symptomatic, Dr. Sabahi opined that the work injury was the major cause of claimant's disability until September 14, 2012 (the date of Dr. Dewing's examination). (Ex. 41A-20, -22).

CONCLUSIONS OF LAW AND OPINION

Relying on the opinions of Drs. Dewing, Walton, and Sabahi, the ALJ determined that SAIF met its burden of proving that claimant's otherwise compensable left knee strain/contusion was no longer the major contributing cause of her combined condition and upheld SAIF's "ceases" denial. Reasoning that claimant's new/omitted medical "combined condition" claim identified a mechanism of injury rather than a medical condition, and was not specific as to the nature of the claimed condition, the ALJ also upheld SAIF's denial of that

² Dr. Sabahi did not perform a clinical examination.

claim. Finally, analyzing claimant's new/omitted medical condition claim for unicompartmental arthritis as an occupational disease under ORS 656.802(2)(b), the ALJ determined that the medical evidence was insufficient to establish a compensable claim and upheld SAIF's denial of the unicompartmental arthritis.

On review, citing *Brown v. SAIF*, 262 Or App 640 (2014), claimant asserts that the "injurious event" remained the major contributing cause of her need for treatment and, therefore, SAIF's "ceases" and new/omitted "combined condition" denials should be set aside. Furthermore, asserting that the work injury caused her preexisting unicompartmental arthritis to become symptomatic, she argues that the claimed new/omitted medical condition is compensable as an injury claim.

We find that SAIF met its burden to prove that the "work-related injury incident" ceased to be the major contributing cause of the disability/need for treatment of the combined condition. We reason as follows.

Under ORS 656.262(6)(c), a carrier may deny an accepted combined condition if the "otherwise compensable injury" ceases to be the major contributing cause of the combined condition. The "combined condition" consists only of the "otherwise compensable injury" and statutory preexisting conditions. *Vigor Indus., LLC v. Ayres*, 257 Or App 795, 806 (2013).

In *Brown*, a decision issued after the ALJ's order, the court held that the correct inquiry under ORS 656.262(6)(c) is whether the claimant's "work-related injury incident" (not the accepted condition) remained the major contributing cause of the disability/need for treatment of the combined condition. 262 Or App at 656. Therefore, under ORS 656.262(6)(c), a carrier may deny an accepted combined condition if the "otherwise compensable injury" (*i.e.*, the work-related injury incident) ceases to be the major contributing cause of the combined condition. *Shawn M. Smith*, 66 Van Natta 1381, 1382 (2014).

In accordance with the *Brown* rationale, to support its denial under ORS 656.262(6)(c), the carrier must prove a change in the claimant's condition or circumstances since the acceptance of the combined condition, such that the "work-related injury incident" is no longer the major contributing cause of the disability/need for treatment of the combined condition. ORS 656.266(2)(a); *Wal-Mart Stores, Inc. v. Young*, 219 Or App 410, 419 (2008); *Brown*, 262 Or App at 656; *Smith*, 66 Van Natta at 1382. The "effective date" of the combined condition acceptance provides the "baseline" for determining whether there has been a "change" in claimant's condition or circumstances. *Oregon Drywall Sys. v. Bacon*, 208 Or App 205, 210 (2006). The carrier has the burden of proof. ORS 656.266(2)(a); *Young*, 219 Or App at 414.

Determination of this issue presents a complex medical question that must be resolved by expert medical opinion. *See Barnett v. SAIF*, 122 Or App 279 (1993). When medical experts disagree, we give more weight to those opinions that are well reasoned and based on complete information. *Jackson County v. Wehren*, 186 Or App 555, 559 (2003).

Here, SAIF identified the effective date of its combined condition acceptance as the date of injury, February 8, 2012, and the effective date of its denial as September 14, 2012, the date of Dr. Dewing's examination.³ (Exs. 25, 38). Therefore, we review the medical evidence to determine if there was a change in claimant's condition or circumstances between February 8, 2012 and September 14, 2012, such that the "work-related injury incident" ceased to be the major contributing cause of the disability/need for treatment of claimant's combined left knee condition. *See* ORS 656.262(6)(c); ORS 656.266(2)(a); *Rogelio Barbosa-Miranda*, 66 Van Natta 1666, 1667 (2014) (under *Brown*, the carrier must prove a change in the claimant's condition or circumstances after the combined condition acceptance, such that the "work-related injury incident" is no longer the major contributing cause of the disability/need for treatment of the combined condition); *Yuri Vela-Cabrera*, 60 Van Natta 2811, 2812 (2008) (the effective dates of the combined condition acceptance and denial are the relevant period for determining whether there has been a "change" in the claimant's condition).

SAIF relies on the opinions of Drs. Sabahi, Dewing, and Walton to meet its burden. For the following reasons, we find that SAIF met its burden to prove a change in claimant's condition/circumstances such that that "work-related injury incident" ceased to be the major contributing cause of the disability/need for treatment of claimant's combined left knee condition.

Dr. Sabahi opined that the work injury was no longer the major contributing cause of the disability/need for treatment by September 14, 2012 (the date of Dr. Dewing's examination). (Ex. 41A-22). Reasoning that claimant had "severe" preexisting arthritis and a temporary exacerbation of symptoms, but no pathological worsening, Dr. Sabahi concluded that sufficient time had passed such that the injury would no longer be expected to contribute any symptoms and, therefore, was no longer "a material or major contributing cause of the need for

³ SAIF rescinded the November 20, 2012 combined condition denial that was effective February 8, 2012, and the parties settled related issues resulting from that denial by means of a stipulation.

medical treatment or disability.”⁴ (Ex. 41A-23). Dr. Sabahi further reasoned that the “major cause of any persistent symptoms after such a time frame then reverts back to the preexisting underlying [joint] pathology,” which, here, was significant “in the form of an advanced bone-on-bone degenerative arthritis.” (Ex. 41A-20, -23).

For the following reasons, we find Dr. Sabahi’s opinion to be thorough, based on complete information, and well reasoned. In weighing the work injury against claimant’s preexisting condition, Dr. Sabahi considered: (1) the severity of the preexisting condition; (2) claimant’s past knee symptoms and treatment; (3) the mechanism of the work incident; (4) the nature of an exacerbation or temporary flare of symptoms; and (5) the complaints, findings, and course of treatment, which were more consistent with a chronic condition than an acute injury. (Ex. 42-2). Specifically, he observed a “pronounced” degree of degenerative medial compartment narrowing on the February 8, 2012 left knee x-ray that had advanced “significantly” since claimant’s 2009 x-rays. (Ex. 41A-2). He stated that the progression and severity of the disease was not due to the injury, explaining that “it is not possible for post-traumatic arthritis * * * to have developed on the same day of the injury.” (Ex. 41A-19). He also observed that there was no acceleration of the left knee arthritis on later x-rays. (Ex. 41A-14). Finally, Dr. Sabahi noted that claimant’s left knee symptoms had waxed and waned before the injury, resulting in surgical recommendations in 1996 and 1997. (Ex. 41A-20).

For the following reasons, we find Dr. Puziss’s opinion insufficient to rebut Dr. Sabahi’s opinion. On February 1, 2013, Dr. Puziss acknowledged that claimant’s left knee strain had likely healed, leaving claimant with an “aggravated underlying degenerative arthritis, necessitating treatment and causing ongoing disability.” (Ex. 34-14). However, in March 2013, he opined that the left knee strain had not resolved at the time of his February 1, 2013 examination. (Ex. 40-1). Stating for the first time that the strain involved a “subluxation of the peroneal nerve,” which was unstable at the time of his examination, he did not explain how the instability contributed to claimant’s disability or need for treatment or why he changed his mind. In the absence of an explanation, this apparent change of opinion renders his opinion unpersuasive. *See Moe v. Ceiling Sys., Inc.*, 44 Or App 429, 433 (1980) (rejecting unexplained or conclusory opinion); *Kenneth L. Edwards*, 58 Van Natta 487, 488 (2006) (unexplained change of opinion rendered physician’s opinion unpersuasive).

⁴ Dr. Sabahi also considered the accepted left knee sprain “resolved” by September 14, 2012. (Ex. 42-1).

Moreover, Dr. Puziss concluded that claimant's symptoms and inability to perform activities "strongly indicates that she had a pathological worsening of her arthritis." (Exs. 34-12, -13, 40-2). Yet, he acknowledged that this worsening could not be "quantified" and that "degrees of arthritis cannot always be correlated with the degree of symptoms." (Ex. 34-12). Further, Dr. Puziss did not adequately address claimant's x-rays or Dr. Sabahi's opinion that those x-rays showed no pathological worsening. See *Janet Benedict*, 59 Van Natta 2406, 2409 (2007), *aff'd without opinion*, 227 Or App 289 (2009) (medical opinion unpersuasive when it did not address contrary opinions).

In conclusion, we find Dr. Sabahi's opinion to be the most persuasive medical opinion. Consequently, SAIF has met its burden of proving the requisite change in claimant's condition or circumstances such that the "otherwise compensable injury" (*i.e.*, the work-related injury incident) ceased to be the major contributing cause of her disability/need for treatment of the combined left knee condition. Accordingly, we affirm that portion of the ALJ's order that upheld SAIF's amended "ceases" denial.

We turn to claimant's new/omitted medical condition claims. Claimant initiated new/omitted medical condition claims for "unicompartmental arthritis medial compartment left knee" and "a combination between what has been diagnosed as preexisting arthritis in [the] left knee with the injury event of February 8, 2012."

To establish compensability of a new/omitted medical condition, claimant must prove its existence and that the work injury was a material contributing cause of the disability/need for treatment of the condition. See ORS 656.266(1); ORS 656.005(7)(a); *Betty J. King*, 58 Van Natta 977 (2006); *Maureen Y. Graves*, 57 Van Natta 2380, 2381 (2005). Where claimant seeks acceptance of a "combined condition" as a new/omitted medical condition, she must prove the existence of that "combined condition" to establish compensability. See *Jean M. Janvier*, 66 Van Natta 1827 (2014) (under *Brown*, a "combined condition" exists when a "work-related injury incident" combines with a "preexisting condition"); *Gail Moon*, 62 Van Natta 1238, 1239 (2010) (where a claimant initiates a claim for a combined condition, the claimant bears the burden of establishing the existence of that combined condition).

A new/omitted medical condition claim must be for a "condition" that is either "new" or "omitted." See ORS 656.267(1). A "condition" in ORS 656.267(1) is defined as "the physical status of the body as a whole * * * or of

one of its parts.” *Young v. Hermiston Good Samaritan*, 223 Or App 99, 105 (2008). Whether a claim is for a medical “condition” is a question of fact to be decided based on the medical evidence in individual cases. *Id.* at 107.

A new/omitted medical condition claim may be denied, even if the claimed condition is compensable, if the claimed condition is neither “new” nor “omitted.” *See Warren D. Duffour*, 64 Van Natta 619, 622-23, *recons*, 64 Van Natta 795 (2012) (because the claimant’s post-traumatic amnesia and vertigo were symptoms of the accepted traumatic brain injury, the employer was not required to accept them as new/omitted medical condition claims); *Michael L. Long*, 63 Van Natta 2134, 2135, *recons*, 63 Van Natta 2330 (2011) (where the claimant’s radiculopathy and mechanical back pain complaints were symptoms of a previously accepted L5 osteophyte fracture and nerve root impingement, the carrier was not required to accept “low back condition resulting in radiculopathy and mechanical low back claim” and “low back condition resulting in left sided pain, incontinence-like symptoms and groin pain” as new/omitted medical condition claims).

Here, in response to claimant’s new/omitted medical condition claim for “unicompartmental arthritis,” SAIF accepted a “left knee sprain and left knee contusion combined with preexisting medial compartment osteoarthritis left knee * * * .” (Exs. 25, 29). Thereafter, she initiated a new/omitted medical condition claim for “a combination between what has been diagnosed as preexisting arthritis in [her] left knee with the injury event of February 8, 2012.” (Ex. 30B). For the following reasons, we are not persuaded that the claimed conditions were either “new” or “omitted” (*i.e.*, conditions that were separate and distinct from the condition that had been accepted). We reason as follows.

Dr. Walton opined that the 2012 work injury caused claimant’s arthritis pain to change. (Ex. 22-1). Dr. Dewing opined that “the knee injury attributable to the work incident of 2/08/12 resulted in a combined condition with the preexisting medial compartment arthritis.” (Exs. 17-7, 24, 39-2, -3, 43-1). Dr. Sabahi opined that the work injury combined with the preexisting arthritis, causing the arthritis to become symptomatic and causing disability/need for treatment. (Exs. 41A-20, 42-1). Dr. Puziss opined that claimant was left with “aggravated underlying degenerative arthritis” after the strain healed. (Ex. 34-14). These opinions support the proposition that claimant has one combined condition (for a left knee sprain/contusion combined with preexisting medial compartment osteoarthritis). This record further establishes that this combined condition has already been claimed, processed, litigated, and resolved in the “ceases” denial portion of this order.

We acknowledge that SAIF's acceptance of the left knee sprain in combination with the arthritis as a "combined condition" did not constitute an outright acceptance of the preexisting arthritis. *See Fimbres v. SAIF*, 197 Or App 613, 618 (2005); *Multifoods Specialty Distribution v. McAtee*, 164 Or App 654, 661 (1999), *aff'd*, 333 Or 629 (2002). We further acknowledge that claimant can bring an independent claim for her left knee arthritis. *See* ORS 656.267; *Kenneth Anderson*, 60 Van Natta 2534, 2543 (2008), *aff'd without opinion*, 233 Or App 227 (2010) (addressing the compensability of "lumbar facet injury syndrome" as an independent claim under ORS 656.267, which was separate and distinct from the condition as a component of the combined left knee strain, and the ongoing compensability of the combined left knee condition under ORS 656.262(6)(c)).

Here, however, the medical evidence (as summarized above) persuasively establishes that claimant's 2012 injury made her preexisting arthritis condition "symptomatic," and that those symptoms required treatment, at least for a period of time. The record does not persuasively establish that claimant's arthritis (either in its status as an "independent" new/omitted medical condition claim or as a "preexisting condition" component of a combined condition claim involving the work event) exists separately from its status as the "preexisting condition" component of the previously accepted combined condition. In other words, the record does not persuasively establish that claimant's current new/omitted medical condition claims for "unicompartmental arthritis medial compartment left knee" and "what has been diagnosed as preexisting arthritis in [the] left knee with the injury event of February 8, 2012" are separate and distinct "new/omitted" conditions from the previously accepted and denied left knee sprain/contusion combined with preexisting medial compartment osteoarthritis.

Based on the aforementioned reasoning, we agree with the ALJ's ultimate conclusion that SAIF's denials of claimant's new/omitted medical condition claims should be upheld. Accordingly, we affirm.

ORDER

The ALJ's order dated February 3, 2014 is affirmed.

Entered at Salem, Oregon on December 4, 2014

Member Weddell concurring in part and dissenting in part.

I agree with the majority's decision regarding the new/omitted medical condition claims. However, I disagree with the majority's conclusion regarding SAIF's "ceases" denial. Therefore, I respectfully dissent from that portion of the majority's opinion.

Under ORS 656.262(6)(c), a carrier may deny an accepted combined condition if the "otherwise compensable injury" (*i.e.*, the work-related injury incident) ceases to be the major contributing cause of the combined condition. *See Brown v. SAIF*, 262 Or App 640, 656 (2014); *Shawn M. Smith*, 66 Van Natta 1381, 1382 (2014). The word "ceases" presumes a change in the worker's condition or circumstances such that the "otherwise compensable injury" is no longer the major contributing cause of the disability/need for treatment of the combined condition. *Wal-Mart Stores, Inc. v. Young*, 219 Or App 410, 419 (2008). Therefore, to support its denial under ORS 656.262(6)(c), the carrier must prove a change in the worker's condition or circumstances since the acceptance of the combined condition, such that the "work-related injury incident" is no longer the major contributing cause of the disability/need for treatment of the combined condition. ORS 656.266(2)(a); *Brown*, 262 Or App at 656; *Smith*, 66 Van Natta at 1382.

The "effective date" of the combined condition acceptance provides the "baseline" for determining whether there has been a "change" in claimant's condition or circumstances. *Oregon Drywall Sys. v. Bacon*, 208 Or App 205, 210 (2006). Here, SAIF identified the effective date of its combined condition acceptance as the date of injury, February 8, 2012, and the effective date of its denial as September 14, 2012, the date of Dr. Dewing's examination. (Ex. 38). Therefore, SAIF must prove that there was a change in claimant's condition or circumstances between February 8, 2012 and September 14, 2012, such that the "work-related injury incident" ceased to be the major contributing cause of the disability/need for treatment of claimant's combined left knee condition. ORS 656.262(6)(c); ORS 656.266(2)(a).

Having reviewed the medical opinions, I find them to be insufficient to meet SAIF's burden. Dr. Sabahi opined that the "work-related injury incident" was no longer the major contributing cause of the disability/need for treatment by September 14, 2012 (the date of Dr. Dewing's examination). (Ex. 41A-22). Reasoning that the injury "precipitated" symptoms, not a pathological worsening, of the preexisting disease, he opined that "such exacerbations always abate in a matter of weeks to months" and "sufficient time has passed since the injury that

one would not expect it to contribute any symptoms and, therefore, the injury would no longer be a material or major contributing cause of the need for medical treatment or disability.” (Ex. 41A-23).

In expressing his opinion, Dr. Sabahi did not identify any facts or medical findings that demonstrated abatement in claimant’s symptoms. Instead, his comments were general in nature and appear to presume a change in claimant’s condition within a certain time frame without regard for her reported symptoms. Under these circumstances, I would not find his opinion sufficient to establish the requisite change in claimant’s condition/circumstances such that the “otherwise compensable injury” (*i.e.*, the work-related injury incident) ceased to be the major contributing cause of the disability/need for treatment of claimant’s combined left knee condition. *See Sherman v. Western Employers Ins.*, 87 Or App 602, 606 (1987) (physician’s comments that were general in nature and not addressed to the claimant’s particular situation were not persuasive); *Judi Whitney*, 61 Van Natta 392 (2009) (medical opinion that presumed a change in the claimant’s condition within a certain time frame was not persuasive).

In September 2012, Dr. Dewing opined that the left knee sprain remained the major cause of claimant’s disability/need for treatment until February/March 2012. (Ex. 17-9). He explained that the February 2012 MRI did not show a sprain and the March 2012 x-rays showed “bone on bone” arthritis, confirming that the major cause of claimant’s left knee pain was preexisting left knee arthritis. (*Id.*) Yet, in February 2013, he opined that the left knee strain remained the major cause until September 14, 2012, the date of his examination. (Ex. 39-2). He explained that the work incident was no longer the major cause because the left knee strain and contusion had resolved. (*Id.*)

Dr. Dewing did not acknowledge or explain the change in his opinion/explanation. (*Id.*) Under such circumstances, I would give his opinion little probative weight. *See John C. McCullough*, 63 Van Natta 2157, 2159 (2011) (changed opinion found unpersuasive where there was no reasonable explanation for the change).

Moreover, in analyzing whether there had been a change in claimant’s condition or circumstances, Dr. Dewing considered the status of the accepted conditions rather than the work-related injury incident. Under the *Brown* rationale, I would find that his opinion does not establish that the “otherwise compensable injury” (*i.e.*, the work-related injury incident) ceased to be the major contributing cause of the disability/need for treatment of claimant’s combined left knee condition between February 8, 2012 and September 14, 2012.

In addition, I do not find that Dr. Walton's opinion supports SAIF's position. Although he initially anticipated that claimant's future need for knee surgery would not be due to the work injury, when her knee failed to respond to medical management, he concluded that the work injury "pushed this knee over the edge. Had she not had it, * * * she would not be getting the recommendation * * * that she needs a unicompartmental arthroplasty." (Exs. 15A, 16-2). He explained that claimant would probably have required surgery in five to ten years because of her arthritis, but the injury "moved that timetable up." (Ex. 23). He opined that the major contributing cause of the need for treatment was the work injury combined with underlying arthritis, explaining that after the injury, the arthritis became significantly disabling and remained so. (Exs. 22, 23). He ultimately concluded that claimant's circumstances had not changed since the injury. (Exs. 27, 28).

Finally, Dr. Puziss's opinion supports the proposition that the "work-related injury incident" did not cease to be the major cause of claimant's disability/need for treatment. (Ex. 44). The ALJ reasoned that Dr. Puziss's opinion was inconsistent. Be that as it may, Dr. Puziss's opinion does not support SAIF's position.

For the aforementioned reasons, I would find that SAIF did not establish a change in claimant's condition or circumstances such that the "work-related injury incident" ceased to be the major contributing cause of the disability/need for treatment of claimant's combined left knee condition. Consequently, I respectfully dissent from that portion of the majority's opinion that upholds SAIF's "ceases" denial.

I agree with the majority's conclusion that the new/omitted medical condition claims ("unicompartmental arthritis medial compartment left knee" and "a combination between what has been diagnosed as preexisting arthritis in [the] left knee with the injury event of February 8, 2012") are not separate and distinguishable from the accepted combined condition. However, because I would set aside the "ceases" denial, I would find that SAIF remains responsible for the combined condition and the claimed unicompartmental arthritis condition as a "preexisting condition" component to the combined condition.