IN THE COMMONWEALTH COURT OF PENNSYLVANIA

Carlow University, Petitioner	:	
v.	:	No. 1814 C.D. 2012
	:	Submitted: January 11, 2013
Workers' Compensation Appeal Board (Wunschel), Respondent	:	

BEFORE: HONORABLE BERNARD L. McGINLEY, Judge
HONORABLE MARY HANNAH LEAVITT, Judge
HONORABLE ANNE E. COVEY, Judge

OPINION NOT REPORTED

MEMORANDUM OPINION
BY JUDGE LEAVITT FILED: July 12, 2013

Carlow University (Employer) petitions for review of an adjudication of the Workers' Compensation Appeal Board (Board) reinstating Kathleen Wunschel's (Claimant) previously suspended total disability benefits; expanding the description of her work injury; and denying Employer's petition to terminate benefits. In doing so, the Board affirmed the Workers' Compensation Judge's (WCJ) determination on each of these three points in controversy. We remand for further findings on the issue of Claimant's full recovery from some of the work injuries.

This case involves significant prior litigation. Claimant works for Employer as a mailroom supervisor and telephone coordinator, and she sustained two work injuries. On April 15, 2005, she fell, injuring her left foot, left knee and

back. On January 10, 2006, she fell at work, again injuring her left foot. Claimant was able to continue working after both falls until she underwent knee surgery on December 28, 2006. Claimant filed one claim petition for the April 2005 injury and a second claim petition for the January 2006 injury. She sought total disability benefits from December 28, 2006, until she returned to work on February 11, 2007. The petitions were consolidated.

At the hearing, Claimant offered a medical report from Dr. Dan Altman, who began treating Claimant's low back in February 2007. Dr. Altman interpreted a 2005 MRI as showing a small disc herniation at L1-2 and some degeneration at L4-5. Dr. Altman opined that Claimant "had a disc protrusion or bulge at L1-2 and some stenosis[1] at this level … [which] at least became symptomatic after her fall at work" on April 15, 2005. WCJ Decision, April 21, 2009, at 7; Finding of Fact 8(g); Reproduced Record at 9 (R.R. ___). The WCJ credited Dr. Altman's opinion and those of the other doctors who treated Claimant's left knee and left foot.

The WCJ granted both of Claimant's claim petitions and found Claimant's April 15, 2005, work injuries to consist of the following:

> (1) a stress fracture of the second metatarsal and middle cuneiform of the left foot;
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> (2) an aggravation of her pre-existing arthritis in the left foot;
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> (3) a meniscal tear in her left knee;
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> (4) an aggravation of the pre-existing spinal stenosis in her low back; and

[1] "Stenosis" is defined as a "stricture of any canal or orifice." STEDMAN'S MEDICAL DICTIONARY at 1695 (27th ed. 2000).

(5) contusions to her right knee and left wrist.

WCJ Decision, April 21, 2009, at 10; Finding of Fact 16; R.R. 12. The WCJ found that the January 10, 2006, work injury consisted of "non-displaced" fractures to the left foot. Because Claimant's 2006 surgery to repair her work-related left knee injury caused her to miss work, the WCJ awarded her total disability benefits from December 28, 2006, through February 11, 2007. The WCJ suspended benefits as of February 12, 2007, because Claimant had returned to work with no wage loss. Neither party appealed.

Claimant continued working until June 26, 2009, when she underwent a second surgery on her left knee. She returned to work on July 26, 2009. Because Employer did not pay disability benefits for those four weeks, Claimant filed a reinstatement petition.[2] The WCJ granted the reinstatement. The WCJ suspended Claimant's benefits as of her return to work. Again neither party appealed.

Claimant continued working until November 18, 2009, when she underwent back surgery. Claimant filed a reinstatement petition seeking total disability benefits as of the date of surgery. Employer filed an answer denying that her surgery was related to her work injury.[3] Employer also filed a termination petition alleging that Claimant had fully recovered from her 2005 and 2006 work injuries as of the date of a September 23, 2010, independent medical examination.

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[2] Claimant also filed a penalty petition alleging that Employer had not paid all of her medical bills. The WCJ ordered Employer to reimburse Claimant for some of her out-of-pocket medical expenses but denied the penalty petition, concluding that Employer had not violated the Workers' Compensation Act (Act), Act of June 2, 1915, P.L. 736, *as amended*, 77 P.S. §§1-1041.4, 2501-2708. This petition is not germane to the issues currently on appeal.

[3] Claimant also filed a penalty petition which the parties resolved and is not at issue on appeal.

Claimant filed an answer denying that she was fully recovered. These two petitions were heard together by the same WCJ.

With respect to her back, Claimant testified that it had been symptom-free until she fell at work in 2005. The fall caused significant back pain for which she received, *inter alia*, chiropractic care, physical therapy and injections, but the treatments did not resolve her pain. On November 18, 2009, Eugene Bonaroti, M.D. did surgery on Claimant, and it relieved some of her back pain. Claimant returned to her regular job part-time on March 4, 2010, and full-time on March 8, 2010.

Claimant offered Dr. Bonaroti's medical reports into evidence.[4] Dr. Bonaroti noted that a 2008 MRI showed disc protrusion, degeneration and stenosis at the L1-2 level, but Claimant's pain complaints did not correlate with an L1-2 stenosis. He interpreted a 2007 bone scan to show degenerative disease at the L4-5 level, which developed into stenosis. Dr. Bonaroti's 2009 surgery treated the L4-5 stenosis with a lumbar laminectomy and fusion surgery. Claimant experienced pain relief after the surgery but continues to have back and leg symptoms. Dr.

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[4] Because this litigation involves less than 52 weeks of disability, Claimant submitted medical reports instead of depositions as permitted by Section 422(c) of the Act, added by the Act of June 26, 1919, P.L. 642, *as amended*, 77 P.S. §835. Section 422(c) states, in relevant part, as follows:

> Where any claim for compensation at issue before a workers' compensation judge involves fifty-two weeks or less of disability, either the employe or the employer may submit a certificate by any health care provider as to the history, examination, treatment, diagnosis, cause of the condition and extent of disability, if any, sworn reports by other witnesses as to any other facts and such statements shall be admissible as evidence of medical and surgical or other matters therein stated and findings of fact may be based upon such certificates or such reports.

77 P.S. §835.

Bonaroti opined that Claimant continues to have chronic nerve root pathology caused by long term L4-5 stenosis.

Dr. Bonaroti opined that Claimant's 2005 fall at work aggravated her pre-existing spinal stenosis at L4-5, which necessitated the November 2009 surgery. Dr. Bonaroti explained that the symptoms Claimant developed immediately after her 2005 fall were consistent with a problem at L4-5, not L1-2. The extent of the L4-5 problem was detected only after additional testing was done.

Claimant next testified about her left foot injuries, from which she continues to experience pain. Orthopedic surgeon Stephen Conti, M.D., treats Claimant's foot pain with injections and orthotic shoes. Claimant offered Dr. Conti's November 2010 medical report, which concluded that she has not recovered from the work-related exacerbation of her pre-existing left midfoot arthritis. Claimant will require treatment for the rest of her life. Dr. Conti stated that if he had evidence that Claimant had been treated for arthritis prior to the work injury, he would agree that her work-related exacerbation had resolved. However, Dr. Conti knew of no such treatment.[5]

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[5] Specifically, Dr. Conti's report stated:

> If the contention is that there was an exacerbation of her left midfoot pain by the work injuries but that exacerbation has resolved then she is just left with the original left foot problems that she had prior to the injuries and then I will also disagree with that given the fact that I do not have any records of any treatment that she received prior to April 15, 2005, on the left foot. *If there were records that indicated that she in fact did have known midfoot arthritis for which she sought out care and had some sort of intervention such as oral anti-inflammatory medicines or left midfoot injections then I would agree that the work related exacerbation had resolved and she is back to her baseline condition of prior to April 15, 2005.*

(Footnote continued on the next page . . .)

With respect to her left knee, Claimant testified that she has severe pain for which she receives injections. Claimant offered a March 23, 2011, report from Gregory Altman, M.D., an orthopedic surgeon who treated Claimant's left knee after it was injured in the April 2005 fall. In December 2006, Dr. Altman did surgery to treat a meniscal tear, but Claimant's knee pain continued. Tests done in 2009 showed progressive arthritis in Claimant's knee, particularly in the medial joint space. Dr. Altman opined that the removal of the meniscus "led to the development of significant medial joint space arthrosis."[6] R.R. 78. Dr. Altman believes that Claimant may need a left knee replacement in the future.

Employer submitted the deposition testimony of Michael J. Seel, M.D., a board certified orthopedic surgeon who did an independent medical examination (IME) of Claimant on September 23, 2010. Dr. Seel took a history from Claimant; reviewed the WCJ's April 2009 decision listing her work injuries; and performed a physical examination. At her examination, Claimant complained of back pain with pain radiating into both legs. Claimant's leg pain did not follow a specific nerve root but, rather, involved the entire leg, which Dr. Seel stated was impossible to explain anatomically. Claimant complained of diffuse tenderness in her left midfoot region and pain in her left knee. Overall, Dr. Seel found Claimant's physical examination to be normal objectively.

Dr. Seel reviewed Claimant's copious medical records including x-rays showing the fusion at L4-5 and degenerative changes at L1-2; x-rays of the

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(continued . . .)

R.R. 76 (emphasis added).

[6] "Arthrosis" is a synonym for "osteoarthritis." STEDMAN'S MEDICAL DICTIONARY at 151 (27th ed. 2000).

left knee that showed degenerative changes in the medial joint space; and x-rays of the left foot that showed degenerative changes and healed fractures. Dr. Seel also reviewed test reports. The reports showed that Claimant had spinal stenosis and a grade 1 spondylolisthesis[7] at L4-5 as well as spinal stenosis at L1-2. Dr. Seel suggested that spinal stenosis can cause a pinched nerve, resulting in radiculopathy. Dr. Seel agreed that Claimant needed surgery for her L4-5 stenosis. Dr. Seel opined that Claimant fully recovered from the work injuries adjudicated by the WCJ in his 2009 decision.

With respect to Claimant's 2006 foot injury, Dr. Seel opined that Claimant was fully recovered from the stress fractures to her left foot. He believed that Claimant's foot complaints at the IME were caused by her L5 radiculopathy, not by any foot pathology. He could not specify when the cause of Claimant's foot pain switched from arthritis to L5 radiculopathy. Because Dr. Mitchell Rothenberg had treated Claimant for left foot pain before April 2005, Dr. Seel concluded that Claimant had returned to her pre-injury baseline arthritic condition. On cross-examination, Dr. Seel admitted that Dr. Rothenberg's medical records were unclear about when Claimant was treated for left foot arthritis.

With respect to Claimant's 2005 left knee injury, Dr. Seel opined that Claimant was fully recovered from her meniscus tear. Claimant's current treatment is for arthritis of the knee. Dr. Seel acknowledged, however, that removing the meniscus from a knee could accelerate the development of arthritis.

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[7] "Spondylolisthesis" is defined as "[f]orward movement of the body of one of the lower lumbar vertebrae on the vertebra below it, or upon the sacrum." STEDMAN'S MEDICAL DICTIONARY at 1678 (27th ed. 2000).

With respect to her 2005 back injury, Dr. Seel opined that Claimant fully recovered from the aggravation of her spinal stenosis at L1-2 as of May 2007, when Dr. Dan Altman saw Claimant but did not record radicular pain. Dr. Seel attributed the progression of Claimant's L4-5 stenosis, shown to be minimal in March 2008, to the natural progression of her degenerative disease. Accordingly, he concluded that Dr. Bonaroti's November 2009 surgery at L4-5 was not related to the work injury. Finally Dr. Seel opined that Claimant had fully recovered from her left wrist and right knee bruises sustained in the April 2005 incident.

Accepting Claimant's testimony as credible, the WCJ found that Claimant has suffered low back pain since her 2005 work injury. The WCJ credited the opinion of Dr. Bonaroti that Claimant's April 2005 work injury aggravated her spinal stenosis at L4-5 and necessitated his surgery on November 18, 2009. The WCJ rejected Dr. Seel's testimony to the contrary.

With respect to the termination petition, the WCJ credited Claimant's ongoing complaints of pain and Dr. Bonaroti's opinion that Claimant continued to need treatment. The WCJ rejected Dr. Seel's opinion of recovery from her back injury as both not credible and incompetent because Dr. Seel did not opine that Claimant's condition has changed subsequent to the WCJ's 2009 decision, as required by *Lewis v. Workers' Compensation Appeal Board (Giles & Ransome, Inc.)*, 591 Pa. 490, 501, 919 A.2d 922, 928 (2007). The WCJ credited Dr. Conti's opinion that Claimant continues to suffer from the aggravation injury to her foot and rejected the contrary opinion of Dr. Seel, who could not pinpoint when the cause of Claimant's pain shifted from arthritis to radiculopathy. The WCJ credited the opinion of Dr. Gregory Altman that the surgical removal of the meniscus led to

the development of significant medial joint arthrosis. The WCJ rejected Dr. Seel's contrary opinion, noting that Dr. Seel admitted that removing a meniscus can accelerate arthritic problems.

Based on the foregoing findings, the WCJ concluded that Claimant proved that her disability recurred on November 18, 2009, the date of her back surgery. Accordingly, the WCJ reinstated Claimant's total disability benefits from November 18, 2009, through March 3, 2010; reduced her benefits to partial disability for the period she worked part-time from March 4 through March 8, 2010; and suspended benefits as of March 9, 2010, when Claimant returned to her pre-injury job with no wage loss. The WCJ concluded that the description of Claimant's work injury should be expanded to include "significant medial joint arthrosis" and that Employer failed to meet its burden of proving that Claimant fully recovered. WCJ Decision, April 21, 2009, at 10; Finding of Fact 16; R.R. 12. The WCJ denied Employer's termination petition.

Employer appealed and the Board affirmed. Employer then petitioned for this Court's review.[8]

On appeal, Employer argues that the Board erred in several respects. First, Employer argues that the Board erred in reinstating Claimant's total

[8] This Court's review of an order of the Board is limited to determining whether the necessary findings of fact are supported by substantial evidence, whether Board procedures were violated, whether constitutional rights were violated or an error of law was committed. *City of Philadelphia v. Workers' Compensation Appeal Board (Brown)*, 830 A.2d 649, 653 n.2 (Pa. Cmwlth. 2003). Substantial evidence has been defined as such relevant evidence that a reasonable mind might accept as adequate to support a finding. *Mrs. Smith's Frozen Foods Company v. Workmen's Compensation Appeal Board (Clouser)*, 539 A.2d 11, 14 (Pa. Cmwlth. 1988).

disability benefits when she failed to submit competent evidence that her disability recurred because of her work injury. Second, Employer argues that the Board erred in denying a termination of benefits because Employer's evidence that Claimant is fully recovered was not contradicted. Further, the WCJ's findings that Claimant suffers ongoing problems are not supported by substantial, competent medical evidence.

We turn first to the reinstatement. A claimant is entitled to workers' compensation benefits if the work injury causes a disability, *i.e.*, a loss of earning power. *Curtis v. Workers' Compensation Appeal Board (Berley Electric Company)*, 730 A.2d 528, 533 (Pa. Cmwlth. 1999). In a reinstatement proceeding, the claimant must prove that: (1) his earning power is once again adversely affected by his disability and (2) the disability is a continuation of the disability that arose from his original claim. *Bufford v. Workers' Compensation Appeal Board (North American Telecom)*, 606 Pa. 621, 637, 2 A.3d 548, 558 (2010). The claimant can satisfy the burden by credibly testifying that he continues to experience the effects of the prior work injury. *Latta v. Workmen's Compensation Appeal Board (Latrobe Die Casting Co.)*, 537 Pa. 223, 224, 642 A.2d 1083, 1083 (1994). Medical evidence is not necessary.

Employer argues Claimant did not prove a recurrence of her work disability in November 2009 because Dr. Bonaroti's opinion was not competent. He diagnosed a work injury at L4-5, and this was contrary to the WCJ's finding in his unappealed prior decision that Claimant's work injury was at L1-2. Dr. Seel explained that Claimant's problems at L4-5 are simply the progression of a degenerative disease unrelated to any work injury.

In his prior decision, the WCJ found that Claimant sustained "an aggravation of the pre-existing spinal stenosis in her low back." WCJ Decision, April 21, 2009, at 10; Finding of Fact 16; R.R. 12. The WCJ did not locate the stenosis. A medical expert's opinion can be found incompetent if the doctor's diagnosis contradicts the description of the work injury from a claim proceeding. *Temple University Hospital v. Workers' Compensation Appeal Board (Sinnott)*, 866 A.2d 489, 492-93 (Pa. Cmwlth. 2005). In this case, however, Dr. Bonaroti explained in detail that Claimant's back complaints were always indicative of a problem at L4-5, not L1-2, and the WCJ accepted this explanation.

The WCJ is the ultimate fact finder and has complete authority over questions of credibility, conflicting medical evidence and evidentiary weight. *Sherrod v. Workmen's Compensation Appeal Board (Thoroughgood, Inc.)*, 666 A.2d 383, 385 (Pa. Cmwlth. 1995). It is irrelevant whether the record contains evidence to support findings other than those made by the WCJ; the critical inquiry is whether there is evidence to support the findings actually made. *Hoffmaster v. Workers' Compensation Appeal Board (Senco Products, Inc.)*, 721 A.2d 1152, 1155 (Pa. Cmwlth. 1998). The WCJ credited Dr. Bonaroti over Dr. Seel, which is the prerogative of the WCJ.

We next consider the Board's decision on the termination. The employer bears the burden of proving that the claimant fully recovered and has no remaining disability attributable to a work injury. *Campbell v. Workers' Compensation Appeal Board (Antietam Valley Animal Hospital)*, 705 A.2d 503, 506-507 (Pa. Cmwlth. 1998). The WCJ is free to give more credence to the

claimant's complaints of pain than to a doctor's testimony. *Id*. at 507. In this regard, Employer makes several arguments.

First, Employer challenges the WCJ's finding that Claimant's work injury was at the L4-5 level. We have upheld that finding. Employer did not offer evidence to prove Claimant's full recovery from a work injury at the L4-5 level.

Next, Employer argues that it proved that Claimant's aggravation of her left foot arthritis had resolved by the time of Dr. Seel's IME. Dr. Conti stated that if Claimant's records showed foot symptoms before her work injury, then he would agree that Claimant had returned to her pre-injury baseline condition. Dr. Rothenberg's treatment records document foot pain, x-rays and treatment that pre-date her April 2005 injury. Employer also argues that the fact that Dr. Seel could not pinpoint when Claimant's foot pain shifted from arthritis to radiculopathy was not a reason to reject his opinion; no one could render such a definitive opinion.

If a medical expert's opinion is based solely on a false premise, it is incompetent. *Newcomer v. Workmen's Compensation Appeal Board (Ward Trucking Corporation)*, 547 Pa. 639, 647-48, 692 A.2d 1062, 1066 (1997). However, this Court has also explained that medical records go "to the question of the weight to be accorded to such expert testimony, a question wholly entrusted to the factfinder." *Saville v. Workers' Compensation Appeal Board (Pathmark Store, Inc.)*, 756 A.2d 1214, 1220 (Pa. Cmwlth. 2000). There is no need for a doctor to examine all of a claimant's medical records to offer a competent opinion.

Employer overstates the significance of Dr. Conti's statement that if medical records documented that Claimant had "known midfoot arthritis for which she sought out care and had some sort of intervention such as oral anti-

inflammatory medicines or left midfoot injections" prior to the April 2005 injury, then she had recovered. R.R. 76. There are no such specific records. Dr. Rothenberg made a reference to a foot injection, but not a diagnosis or even a statement about whether the injection pre-dated or post-dated the work injury.[9] We reject Employer's interpretation of Dr. Rothenberg's 2005 records.

Employer is critical of the reason given by the WCJ for rejecting Dr. Seel's opinion regarding the current cause of Claimant's foot pain. However, it is not the function of this Court to second-guess a WCJ's credibility determination. *Rissi v. Workers' Compensation Appeal Board (Tony DePaul & Son)*, 808 A.2d 274, 279 (Pa. Cmwlth. 2002). In any case, Employer's conclusory statement that it would be impossible to specify the time period for a change of foot pain causation from arthritis to radiculopathy is not supported by any evidence in the record.

Next, Employer argues that it was error to expand Claimant's 2005 injury to include medial joint arthrosis. Where a claimant asserts that a work injury developed into a consequential condition, *i.e.*, one that is a natural consequence of the original injury, she must prove that fact by competent medical evidence. *Cinram Manufacturing, Inc. v. Workers' Compensation Appeal Board (Hill)*, 601 Pa. 524, 534 n.9, 975 A.2d 577, 582 n.9 (2009); *Campbell*, 705 A.2d at 507. Dr. Gregory Altman's opinion linked Claimant's arthrosis to the removal of her meniscus. Employer claims this opinion was incompetent.

In *Newcomer*, 547 Pa. 639, 692 A.2d 1062, a medical opinion was found incompetent because it was based on false information supplied by a

[9] Dr. Rothenberg's records are attached as exhibits to Dr. Seel's deposition.

claimant.[10] This is not a *Newcomer* situation. Employer faults Dr. Altman's opinion because it did not explain all of Claimant's medical records, which showed arthritis shortly after her meniscus was removed. This argument goes to the weight of Dr. Altman's opinion, not its competency. Dr. Altman's 2007 records document "early change" to the knee cartilage; his March 23, 2011, report noted significant medial joint space arthrosis attributed to the removal of the meniscus in his surgery. Dr. Seel agreed that such a phenomenon can occur. In short, Dr. Gregory Altman's opinion was not incompetent.

Finally, Employer argues that it presented unrebutted evidence that Claimant fully recovered from the remainder of her work injuries. This litigation focused on degenerative problems in Claimant's back, knee and foot. However, Claimant's adjudicated 2005 work injury also included "a stress fracture of the second metatarsal and middle cuneiform of the left foot," a "meniscal tear in her left knee," and "contusions to her right knee and left wrist." WCJ Decision, April 21, 2009, at 10; Finding of Fact 16; R.R. 12. Claimant's adjudicated 2006 work injury was "non-displaced fractures of the necks of the second, third and fourth metatarsals of the left foot." *Id.* Employer's medical witness, Dr. Seel, specifically testified that Claimant fully recovered from all of these other injuries, and Claimant did not present evidence that these other injuries persist.[11]

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[10] In *Newcomer*, the Supreme Court held that a doctor's opinion of the work-relatedness of the claimant's shoulder condition was incompetent because it was based solely on a false history provided by the claimant that he hurt his shoulder in a workplace accident. *Newcomer*, 547 Pa. at 647-48, 692 A.2d at 1066. The medical records showed that the claimant sustained only chest and abdominal injuries in that incident.

[11] We do not suggest that Claimant was required to present such evidence. We make the observation merely to confirm that Employer's evidence in this regard is uncontroverted.

The WCJ did not reject Dr. Seel's testimony in its entirety. Instead, the WCJ rejected specific portions of Dr. Seel's testimony, *i.e.*, that (1) Claimant had recovered from the aggravation of lumbar stenosis and left foot arthritis and (2) that Claimant's left knee arthrosis was unrelated to the work injury. The WCJ did not address Dr. Seel's opinion regarding the other injuries. The WCJ's denial of Employer's termination petition did not render moot the question of whether Claimant has recovered from all 2005 injuries or the 2006 injury. Should Employer file another termination petition in the future, there could be confusion regarding which of Claimant's work injuries remained when the WCJ denied the termination petition before the Court in this appeal.

The fact that Dr. Seel's opinion of recovery is uncontroverted does not end the matter. A WCJ is permitted to reject even uncontroverted evidence presented by the party bearing the burden of proof, but he must make a specific finding and articulate a reasonable explanation for doing so. *Acme Markets, Inc. v. Workmen's Compensation Appeal Board (Annette Pilvalis)*, 597 A.2d 294, 296-97 (Pa. Cmwlth. 1991).[12] Therefore, we remand this matter for the WCJ to make

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[12] This requirement is found in Section 422(a) of the Act, which provides, in relevant part, as follows:

> All parties to an adjudicatory proceeding are entitled to a reasoned decision containing findings of fact and conclusions of law based upon the evidence as a whole which clearly and concisely states and explains the rationale for the decisions so that all can determine why and how a particular result was reached. The [WCJ] shall specify the evidence upon which the [WCJ] relies and state the reasons for accepting it in conformity with this section. When faced with conflicting evidence, the [WCJ] must adequately explain the reasons for rejecting or discrediting competent evidence. *Uncontroverted evidence may not be rejected for no reason or for an irrational reason; the [WCJ] must identify that evidence*

(Footnote continued on the next page . . .)

additional findings on whether Claimant recovered from any or all of the remainder of her work injuries. Because Claimant's 2006 injury involved only one injury and never resulted in a disability, should the WCJ find Dr. Seel credible as to recovery from that injury, it would be appropriate to grant a termination at least for the 2006 injury.

Accordingly, the order of the Board is remanded for further findings in accordance with the foregoing opinion and affirmed in all other respects.

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MARY HANNAH LEAVITT, Judge

(continued . . .)

> *and explain adequately the reasons for its rejection*. The adjudication shall provide the basis for meaningful appellate review.

77 P.S. §834 (emphasis added).

IN THE COMMONWEALTH COURT OF PENNSYLVANIA

Carlow University, Petitioner	:	
v.	:	No. 1814 C.D. 2012
Workers' Compensation Appeal Board (Wunschel), Respondent	:	

O R D E R

AND NOW, this 12th day of July, 2013, the above captioned matter is hereby REMANDED to the Board with instructions to remand the matter to the WCJ for further findings as to full recovery concerning each and every adjudicated work injury in accordance with the foregoing opinion. The order of the Workers' Compensation Appeal Board dated August 30, 2012, is AFFIRMED in all other respects.

Jurisdiction relinquished.

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MARY HANNAH LEAVITT, Judge