IN THE COMMONWEALTH COURT OF PENNSYLVANIA

Cargill Meat Solutions Corp., Petitioner	:	
v.	:	
Abdul Karim A. Wahbah (Workers' Compensation Appeal Board), Respondent	:	No. 1157 C.D. 2025
	:	Submitted: September 14, 2026

BEFORE: HONORABLE CHRISTINE FIZZANO CANNON, Judge
HONORABLE LORI A. DUMAS, Judge
HONORABLE BONNIE BRIGANCE LEADBETTER, Senior Judge

OPINION NOT REPORTED

MEMORANDUM OPINION
BY JUDGE FIZZANO CANNON FILED: November 16, 2026

Cargill Meat Solutions Corp. (Employer) petitions for review of the August 8, 2025 Opinion (Board Opinion) of the Workers' Compensation Appeal Board (Board), which affirmed a July 10, 2024 decision (WCJ Decision) of a Workers' Compensation Judge (WCJ) that granted, in part, a claim petition filed by Abdul Karim A. Wahbah (Claimant). Upon review, we affirm the Board Opinion.

I. Factual and Procedural Background

Claimant began working for Employer in October of 2022 as a meat packer and cutter, positions that required repetitive motion/use of his right arm and hand for eight hours a day. *See* WCJ Decision at 3, Findings of Fact (F.F.) 5-6, Certified Record (C.R.) at 30. On February 16, 2023, Claimant sustained an injury in the course of his employment described as a right wrist strain. *See* Board Opinion

at 1, C.R. at 77; *see also* WCJ Decision at 3, F.F. 1, C.R. at 30. Employer issued a Medical Only Notice of Temporary Compensation Payable on March 2, 2023, which converted to a Notice of Compensation Payable by operation of law on May 18, 2023. *See* Board Opinion at 1, C.R. at 77; WCJ Decision at 3, F.F. 1, C.R. at 30; *see also* Notice of Conversion of Temporary Compensation Payable to Compensation Payable, C.R. at 557-59.

On May 23, 2023, Claimant filed a claim petition seeking to expand the description of his work injury to include right hand extensor tendinitis and cervical radiculopathy (Claim Petition). *See* Board Opinion at 1, C.R. at 77; *see also* WCJ Decision at 3, F.F. 2, C.R. at 30. Claimant also sought total disability benefits from February 17, 2023, and ongoing via the Claim Petition. *See* Board Opinion at 1, C.R. at 77; *see also* WCJ Decision at 3, F.F. 2, C.R. at 30.

Claimant testified before the WCJ in the hearing on the Claim Petition.[1] *See* WCJ Decision at 3-5, F.F. 5-20, C.R. at 30-32; *see also* August 9, 2023 Transcript (Tr. 8-9-2023) at 6-12, C.R. at 114-20; August 30, 2023 Transcript (Tr. 8-30-2023) at 8-51, C.R. at 132-75. Claimant testified that, starting in October of 2022, he worked for Employer in multiple positions, including as a meatpacker, which positions required repeated motion of his right arm and hand. *See* WCJ Decision at 3, F.F. 5-6, C.R. at 30; *see also* Tr. 8-9-2023 at 9-12, C.R. at 117-20; Tr. 8-30-2023 at 10-13, C.R. at 134-37. Claimant testified that he began to experience pain in his right shoulder and right wrist in November of 2022. *See* WCJ Decision at 3, F.F. 7, C.R. at 30; *see also* Tr. 8-30-2023 at 14-15, C.R. at 138-39. He explained

[1] Claimant first testified before the WCJ remotely on August 9, 2023. *See* WCJ Decision at 3, C.R. at 30. However, due to technical difficulties, the WCJ took only minimal testimony on August 9, 2023. *See id.* Claimant continued his testimony in person on August 30, 2023. *See id.*

that he spoke to his supervisor about the symptoms two or three times and treated with the staff nurse, who said that Claimant's condition was normal, provided him with ibuprofen, and ultimately returned him to work. *See* WCJ Decision at 3, F.F. 7-8, C.R. at 30; *see also* Tr. 8-30-2023 at 15, C.R. at 139. Claimant was given alternative duties for a time but was ultimately returned to his regular duty assignment. *See* WCJ Decision at 3, F.F. 8, C.R. at 30; *see also* Tr. 8-30-2023 at 16, C.R. at 140.

Claimant testified that he then began work as a meat cutter in January 2023. *See* WCJ Decision at 3, F.F. 8, C.R. at 30; *see also* Tr. 8-30-2023 at 17-18, C.R. at 141-42. Claimant experienced pain again later that month while shaving fat off of meat. *See* WCJ Decision at 3, F.F. 9, C.R. at 30; *see also* Tr. 8-30-2023 at 18, C.R. at 142. His arm became swollen and he reported to his supervisor, who sent Claimant to the staff nurse. *See* WCJ Decision at 3, F.F. 9, C.R. at 30; *see also* Tr. 8-30-2023 at 18-19, C.R. at 142-43.

Claimant subsequently presented to the emergency room of the University of Pittsburgh Medical Center (UPMC) in Harrisburg for medical treatment on February 17, 2023, and a physician took him out of work for two or three days. *See* WCJ Decision at 4, F.F. 10, C.R. at 31; *see also* Tr. 8-30-2023 at 19-20, C.R. at 143-44. UPMC personnel gave Claimant a 10-pound lifting restriction and directed that he not use his right hand. *See* WCJ Decision at 4, F.F. 11, C.R. at 31. Upon his return to work, Employer gave Claimant left-handed work that consisted of placing cards on meat, which task Claimant testified he performed inside a freezer. *See* WCJ Decision at 4, F.F. 11, C.R. at 31; *see also* Tr. 8-30-2023 at 22, C.R. at 146. Claimant explained that he experienced pain in his neck, his right shoulder, and his right hand when performing the modified duty position in the cold

environment. *See* WCJ Decision at 4, F.F. 11, C.R. at 31; *see also* Tr. 8-30-2023 at 23-24, C.R. at 147-48.

Claimant did not work for a 4-week period in March 2023 through April of 2023. *See* WCJ Decision at 4, F.F. 19, C.R. at 31; *see also* Tr. 8-30-2023 at 48-50, C.R. at 172-74. He returned on April 7, 2023, with restrictions from his treating physician that included the previous 10-pound lifting restriction and an additional restriction against working in cold environments.[2] *See* WCJ Decision at 4, F.F. 19, C.R. at 31; *see also* Tr. 8-30-2023 at 49-51, C.R. at 173-74. Claimant requested to be moved from the cold environment work but was informed there was no work available for him within his restrictions. *See* WCJ Decision at 4, F.F. 12, C.R. at 31; *see also* Tr. 8-30-2023 at 24, C.R. at 148. Believing he had no choice due to the excruciating and intolerable pain, Claimant left his employment in April of 2023. *See* WCJ Decision at 4, F.F. 12, C.R. at 31; *see also* Tr. 8-30-2023 at 25-27, C.R. at 149-51.

Claimant currently works as a Lyft driver, which he has done since August of 2023. *See* WCJ Decision at 4, F.F. 17, C.R. at 31; *see also* Tr. 8-30-2023 at 8-9 & 31-32, C.R. at 132-33 & 155-56. He has received injections in his neck and continues to experience neck, right shoulder, and right hand pain. *See* WCJ Decision at 4, F.F. 13, C.R. at 31; *see also* Tr. 8-30-2023 at 27-28, C.R. at 151-52.

Claimant also presented the deposition testimony of William A. Rolle, Jr., M.D., before the WCJ. *See* WCJ Decision at 5-8, F.F. 21-46, C.R. at 32-35; *see also* Rolle Depo., C.R. at 215-286. Dr. Rolle is board-certified in physical medicine

[2] Claimant stated that he reported to his doctors that he worked in a cold environment but expressly denied that he requested restrictions from working in cold environments. *See* WCJ Decision at 4, F.F. 16, C.R. at 31; *see also* Tr. 8-30-2023 at 48, C.R. at 172.

and rehabilitation with a subspecialty certification in pain management.[3] *See* Rolle Depo. at 5-6, C.R. at 219-20. Dr. Rolle is Claimant's treating physician at the Orthopedic Institute of PA (OIP). *See* Rolle Depo. at 6, C.R. at 220. Dr. Rolle reviewed Claimant's medical records from the UPMC emergency room, as well as those from his practice, OIP, and from OSS Health Urgent Care (OSS), the medical provider to which Employer had sent Claimant. *See* WCJ Decision at 5, F.F. 21, C.R. at 32; *see also* Rolle Depo. at 8, C.R. at 222. He also reviewed the Independent Medical Evaluation (IME) report of Dr. Jay V. Kalawadia. *See* Rolle Depo. at 8, C.R. at 222.

Dr. Rolle explained that Claimant presented to the UPMC Emergency Room on February 17, 2023, with pain and swelling in his right hand. *See* WCJ Decision at 5, F.F. 21, C.R. at 32; *see also* Rolle Depo. at 9, C.R. at 223. Physical examination revealed mild swelling over the dorsal aspect of Claimant's right hand. *See* WCJ Decision at 5, F.F. 21, C.R. at 32; *see also* Rolle Depo. at 9, C.R. at 223. X-rays were taken of Claimant's hand, which proved negative. *See* WCJ Decision at 5, F.F. 21, C.R. at 32; *see also* Rolle Depo. at 11, C.R. at 225. UPMC Emergency Room physicians prescribed Naprosyn, an anti-inflammatory, and recommended Claimant see an orthopedist. *See* WCJ Decision at 5, F.F. 21, C.R. at 32; *see also* Rolle Depo. at 9, C.R. at 223.

Dr. Rolle testified that, on February 20, 2023, Claimant presented to OIP and was seen by a physician's assistant for complaints of swelling and pain in his right hand. *See* WCJ Decision at 5, F.F. 22, C.R. at 32; *see also* Rolle Depo. at

[3] Dr. Rolle completed his undergraduate degree at the University of Rochester in 1985 and his medical degree at Hahnemann University in 1990. *See* Rolle Depo. at 5-6, C.R. at 219-20. He completed his residency in physical medicine and rehabilitation at Jefferson Hospital in Philadelphia in 1994. *See id.*

9, C.R. at 223. Claimant explained that he was a meat cutter and used a knife to chop meat all day, which work he described as repetitive, indicating that it led to pain over the dorsal aspect of his right hand. *See* WCJ Decision at 5, F.F. 22, C.R. at 32; *see also* Rolle Depo. at 10-11, C.R. at 224-25. OIP personnel diagnosed Claimant with right hand extensor tendonitis, prescribed a course of oral steroids to reduce inflammation, and gave Claimant a right-hand splint. *See* WCJ Decision at 5, F.F. 22, C.R. at 32; *see also* Rolle Depo. at 10, C.R. at 224.

Dr. Rolle further testified that, on February 21, 2023, Claimant presented to OSS with complaints of right wrist and hand pain. *See* WCJ Decision at 5, F.F. 23, C.R. at 32; *see also* Rolle Depo. at 11, C.R. at 225. Claimant had told OSS personnel that his symptoms began approximately one week prior and he gave a history of repetitive motions performed at work. *See* WCJ Decision at 5, F.F. 23, C.R. at 32; *see also* Rolle Depo. at 11, C.R. at 225. The physical exam at OSS revealed mild swelling over the dorsal aspect of Claimant's right wrist and hand, tenderness over the dorsal aspect of his right wrist and hand, and mild tenderness over his right forearm. *See* WCJ Decision at 5, F.F. 23, C.R. at 32; *see also* Rolle Depo. at 11-12, C.R. at 225-26. A decreased range of motion was observed due to wrist pain. *See* WCJ Decision at 5, F.F. 23, C.R. at 32; *see also* Rolle Depo. at 12, C.R. at 226. OSS personnel allowed Claimant to return to work full-time with the restrictions of wearing a right wrist brace and no use of his right upper extremity. *See* WCJ Decision at 5, F.F. 23, C.R. at 32; *see also* Rolle Depo. at 12, C.R. at 226.

Dr. Rolle testified that Claimant returned to OSS on March 1, 2023, with complaints of pain from his right hand up into his elbow and right shoulder/shoulder blade area. *See* WCJ Decision at 5, F.F. 24, C.R. at 32; *see also* Rolle Depo. at 12-13, C.R. at 226-27. At this time, Claimant stated that the pain

actually began two to three months prior and had been gradually increasing. *See* WCJ Decision at 5, F.F. 24, C.R. at 32; *see also* Rolle Depo. at 13, C.R. at 227. OSS personnel diagnosed Claimant with cervical radiculopathy, neck pain, and pain in the right arm and wrist. *See* WCJ Decision at 5, F.F. 24, C.R. at 32; *see also* Rolle Depo. at 13, C.R. at 227. OSS personnel also ordered physical therapy (PT) and directed Claimant to follow up with physiatry in two to three weeks. *See* Rolle Depo. at 14, C.R. at 228. Claimant was then recommended to complete the course of prednisone[4] and was released back to work with restrictions of no right extremity use. *See* Rolle Depo. at 14, C.R. at 228.

Dr. Rolle testified that Claimant returned to his practice on March 10, 2023, this time with complaints of pain in his neck, right shoulder, and right arm, in addition to the pain in his right hand and wrist. *See* WCJ Decision at 5, F.F. 26, C.R. at 32; *see also* Rolle Depo. at 16, C.R. at 230. Claimant now reported pain radiating down to his right hand with intermittent numbness and paresthesias in the hand. *See* WCJ Decision at 5, F.F. 26, C.R. at 32; *see also* Rolle Depo. at 16, C.R. at 230. Claimant stated that his pain rating at this time was an 8 out of 10. *See* WCJ Decision at 5, F.F. 26, C.R. at 32; *see also* Rolle Depo. at 17, C.R. at 231. Claimant also reported that the symptoms were made worse by cold environments, which environments Dr. Rolle explained can decrease circulation, and in turn decrease blood flow, which can cause stiffness and a restricted range-of-motion, and can exacerbate pain. *See* WCJ Decision at 6, F.F. 26, C.R. at 33; *see also* Rolle Depo. at 17, C.R. at 231. Dr. Rolle diagnosed Claimant with cervical radiculopathy, which he explained was irritation of the cervical spine nerves on the right side. *See* WCJ

[4] Dr. Rolle explained that prednisone is an oral steroid used to treat inflammation. *See* Rolle Depo. at 14, C.R. at 228.

Decision at 6, F.F. 26, C.R. at 33; *see also* Rolle Depo. at 17, C.R. at 231. Dr. Rolle also diagnosed Claimant with right hand extensor tendonitis. *See* WCJ Decision at 6, F.F. 26, C.R. at 33; *see also* Rolle Depo. at 17, C.R. at 231. As a result of these diagnoses, Dr. Rolle started Claimant on gabapentin,[5] continued Claimant's work restrictions of no overhead lifting and no lifting of more than 10 pounds with right upper limb, and extended his work restrictions to include no work in cold environments. *See* WCJ Decision at 6, F.F. 28, C.R. at 33; *see also* Rolle Depo. at 18, C.R. at 232. Dr. Rolle also prescribed PT for Claimant's cervical spine pain. *See* WCJ Decision at 6, F.F. 28, C.R. at 33; *see also* Rolle Depo. at 18, C.R. at 232.

On March 16, 2023, Claimant again presented to OSS with continued complaints of right shoulder, arm, and hand pain. *See* Rolle Depo. at 14, C.R. at 228. Claimant explained that the course of prednisone had helped his condition. *See* Rolle Depo. at 14, C.R. at 228. Dr. Rolle explained that his impression to a reasonable degree of medical certainty at that time was that Claimant suffered from two separate conditions: first, tendonitis in the right wrist and hand; second, shoulder, neck, and arm symptoms most likely related to cervical spine nerve irritation. *See* Rolle Depo. at 14-15, C.R. at 228-29. Dr. Rolle also opined to a reasonable degree of medical certainty that Claimant's cervical symptoms were exacerbated by his work. *See* Rolle Depo. at 15-16, C.R. at 229-30. Claimant's treatment plan called for conservative treatment, including PT and oral anti-inflammatory medication (diclofenac). *See* Rolle Depo. at 14-15, C.R. at 228-29. Claimant's working restrictions continued at that time with no upper right extremity use. *See* Rolle Depo. at 15, C.R. at 229.

[5] Gabapentin is a medication used to treat nerve irritation. *See* Rolle Depo. at 18, C.R. at 232.

Dr. Rolle testified that he next saw Claimant personally when Claimant returned for an office visit on April 7, 2023. *See* WCJ Decision at 6, F.F. 29, C.R. at 33; *see also* Rolle Depo. at 19, C.R. at 233. Claimant's condition remained relatively unchanged at that time. *See* Rolle Depo. at 19, C.R. at 233. PT had not resolved Claimant's symptoms, and his pain remained at a seven to eight out of 10. *See* Rolle Depo. at 19, C.R. at 233. Dr. Rolle's diagnosis remained unchanged at this time. *See* Rolle Depo. at 19-20, C.R. at 233-34.

Dr. Rolle ordered an MRI study to determine if Claimant was a candidate for epidural injections, which study was done on April 20, 2023. *See* WCJ Decision at 6, F.F. 29, C.R. at 33; *see also* Rolle Depo. at 20, C.R. at 234. The MRI revealed degenerative changes at the C4-5 and C5-6 disc levels of Claimant's spine, arthritis in the oculovertebral joints, an impingement on the right side of the spine at C5-6, and some disc bulging at C6-7. *See* WCJ Decision at 6, F.F. 29, C.R. at 33; *see also* Rolle Depo. at 20-21, C.R. at 234-35.

Following the MRI, Claimant again presented to Dr. Rolle on April 25, 2023. *See* WCJ Decision at 6, F.F. 30, C.R. at 33; *see also* Rolle Depo. at 21, C.R. at 235. At that time, Claimant still complained of neck and upper right arm pain as well as numbness and tingling in his arm/hand. *See* Rolle Depo. at 21-22, C.R. at 235-36. Accordingly, Dr. Rolle ordered a cervical epidural steroid injection for Claimant. *See* WCJ Decision at 6, F.F. 30, C.R. at 33; *see also* Rolle Depo. at 21, C.R. at 235. Dr. Rolle performed the injection at the C7-T1 level on May 15, 2023, without complications. *See* WCJ Decision at 6, F.F. 30, C.R. at 33; *see also* Rolle Depo. at 22, C.R. at 236.

Dr. Rolle next saw Claimant at a follow-up visit on August 7, 2023. *See* WCJ Decision at 6, F.F. 31, C.R. at 33; *see also* Rolle Depo. at 22, C.R. at 236.

Claimant reported that the injection had resulted in a 50% reduction of his symptoms for approximately two weeks followed by a regression of his pain relief. *See* WCJ Decision at 6, F.F. 31, C.R. at 33; *see also* Rolle Depo. at 22, C.R. at 236. Dr. Rolle updated Claimant's restrictions to a 10-pound lifting restriction and no working in a cold environment. *See* WCJ Decision at 6, F.F. 31, C.R. at 33; *see also* Rolle Depo. at 22-23, C.R. at 236-37.

Dr. Rolle testified that Claimant underwent a second epidural steroid injection at C7-T1 on September 6, 2023. *See* WCJ Decision at 6, F.F. 32, C.R. at 33; *see also* Rolle Depo. at 23, C.R. at 237. However, Claimant had no relief from his symptoms and returned to Dr. Rolle's practice on September 20, 2023, for a surgical consultation with an orthopedic spinal surgeon, Dr. Michael Fernandez. *See* WCJ Decision at 6, F.F. 32-33, C.R. at 33; *see also* Rolle Depo. at 24-25, C.R. at 238-39. Dr. Rolle explained that Dr. Fernandez diagnosed Claimant with aggravation of cervical spondylosis and aggravation of "cervical viscosity fight complex"[6] with cervical radiculopathy at C5-6, with which diagnosis Dr. Rolle agreed. *See* WCJ Decision at 6, F.F. 33, C.R. at 33; *see also* Rolle Depo. at 25, C.R. at 239. Claimant remained reluctant to undergo spinal surgery after discussing the surgical options, but indicated that he would consider surgery if there were no other options. *See* Rolle Depo. at 25, C.R. at 239. Dr. Fernandez recommended a

[6] In questioning regarding Claimant's medical records, Dr. Rolle read into the record Dr. Fernandez's assessment of Claimant's condition, which the deposition transcript identifies as "[a]ggravation of cervical spondylosis and aggravation of cervical viscosity fight complex with cervical radiculopathy at C5-6." Rolle Depo. at 25, C.R. at 239. The WCJ questioned whether "cervical viscosity fight complex" was a transcription error. *See* WCJ Decision at 6 n.3, C.R. at 33. Because Dr. Rolle subsequently described the relevant condition in his own words as "spinal nerve irritation on the basis of preexisting cervical spondylosis at C5-6," the precise wording of Dr. Fernandez's assessment does not affect our analysis. Rolle Depo. at 27, C.R. at 241.

combination of topical and oral medications to relieve symptoms and requested reevaluation in four to six weeks. *See* WCJ Decision at 6-7, F.F. 33, C.R. at 33-34; *see also* Rolle Depo. at 26, C.R. at 240. Dr. Rolle explained, however, that this was the Claimant's last office visit with OIP. *See* WCJ Decision at 7, F.F. 33, C.R. at 34; *see also* Rolle Depo. at 26, C.R. at 240.

Dr. Rolle further testified that he reviewed the IME authored by Dr. Kalawadia. *See* Rolle Depo. at 28, C.R. at 242. Dr. Rolle agreed that Claimant had recovered from the hand symptoms as of the July 20, 2023 IME. *See* WCJ Decision at 7, F.F. 35, C.R. at 34; *see also* Rolle Depo. at 28, C.R. at 242. Dr. Rolle explained, however, that Claimant's current symptoms are more neck, shoulder, and arm and are related to the radiculopathy. *See* WCJ Decision at 7, F.F. 34, C.R. at 34; *see also* Rolle Depo. at 28, C.R. at 242. Dr. Rolle agrees with Dr. Kalawadia that Claimant is symptomatic of right C-6 radiculopathy, but he does not agree that Claimant's condition is not work-related. *See* WCJ Decision at 7, F.F. 34, C.R. at 34; *see also* Rolle Depo. at 28, C.R. at 242. Instead, Dr. Rolle explained that he believes that the radiculopathy is, in fact, work related. *See* WCJ Decision at 7, F.F. 34, C.R. at 34; *see also* Rolle Depo. at 28, C.R. at 242. Dr. Rolle reiterated that there was no one event that led to the onset of Claimant's symptoms, which resulted instead from a repetitive motion injury from his work as a meat cutter and meat packer. *See* WCJ Decision at 7, F.F. 34, C.R. at 34; *see also* Rolle Depo. at 28-29, C.R. at 242-43.

Employer presented Dr. Kalawadia's deposition testimony before the WCJ. *See* WCJ Decision at 10-13, F.F. 63-85, C.R. at 37-40; *see also* Transcript of Kalawadia Deposition (Kalawadia Depo.), C.R. at 464-552. Dr. Kalawadia[7]

[7] Dr. Kalawadia graduated from medical school at Northwestern University in 2009 and completed an orthopedic surgical residency in 2014. *See* WCJ Decision at 10, F.F. 63, C.R. at 37;

independently examined Claimant on July 20, 2023.[8] *See* WCJ Decision at 10, F.F. 63, C.R. at 37; *see also* Kalawadia Depo. at 7, C.R. at 471. By way of history, Claimant told Dr. Kalawadia that he worked in Employer's packaging department cutting meat. *See* WCJ Decision at 10, F.F. 64, C.R. at 37; *see also* Kalawadia Depo. at 8-9, C.R. at 473-74. Claimant also told Dr. Kalawadia that he developed pain in his neck and hand as a result of the repetitive motions of his work. *See* WCJ Decision at 10, F.F. 64-66, C.R. at 37; *see also* Kalawadia Depo. at 8-9, C.R. at 473-74. Dr. Kalawadia also reviewed and testified regarding Claimant's medical records. *See* WCJ Decision at 10-11, F.F. 67-72, C.R. at 37-38; *see also* Kalawadia Depo. at 9-14, C.R. at 474-78.

Dr. Kalawadia explained that he believed Claimant exhibited significant symptom exaggeration during his physical examination. *See* WCJ Decision at 12, F.F. 78-80, C.R. at 39; *see also* Kalawadia Depo. at 18-19, C.R. at 482-83. Dr. Kalawadia testified that Claimant's job should not have caused his cervical spine complaints because it was a very low-demand task that did not involve significant motion or energy imparted to the cervical spine. *See* Kalawadia Depo. at 14-15, C.R. at 478-79. Ultimately, Dr. Kalawadia opined that Claimant's mechanism of injury did not support the purported injury to Claimant's cervical

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see also Kalawadia Depo. at 5, C.R. at 469. He completed an orthopedic sports medicine and surgical fellowship and arthroscopic fellowship at the University of Pittsburgh in 2015. *See* WCJ Decision at 10, F.F. 63, C.R. at 37; *see also* Kalawadia Depo. at 5, C.R. at 469. As a general orthopedic surgeon, Dr. Kalawadia regularly performs operations on upper extremities, shoulders, elbows, hips, knees, and ankles. He does not do surgery on the spine, although he did so during his residency and his practice involves evaluating spinal health issues in relation to other orthopedic problems. *See* WCJ Decision at 10, F.F. 63, C.R. at 37; *see also* Kalawadia Depo. at 5-6, C.R. at 469-70.

[8] Dr. Kalawadia explained that he regularly performs 10-15 IMEs per month. *See* Kalawadia Depo. at 7, C.R. at 471.

spine and that he did not believe Claimant's cervical spine issues were work-related. *See* WCJ Decision at 12-13, F.F. 81-82, C.R. at 39-40; *see also* Kalawadia Depo. at 25-31, C.R. at 489-95. He also opined that Claimant was fully recovered from his right-hand extensor tendonitis and had no further restrictions as a result of that injury. *See* WCJ Decision at 12, F.F. 80, C.R. at 39; *see also* Kalawadia Depo. at 24 & 28-29, C.R. at 488 & 492-93.

Diane Howarth, R.N.,[9] also testified on Employer's behalf before the WCJ. *See* WCJ Decision at 8-10, F.F. 47-62, C.R. at 35-37; *see also* Transcript of WCJ Hearing, January 12, 2024 (Tr. 1-12-2024), C.R. at 319-463. Nurse Howarth testified that Claimant worked for Employer since October of 2022 as a knife worker on the second shift.[10] *See* WCJ Decision at 8, F.F. 48, C.R. at 35; *see also* Tr. 1-12-2024 at 11-12, C.R. at 330-31. She testified that Claimant cut meat to order using a repetitive motion. *See* WCJ Decision at 8, F.F. 48, C.R. at 35; *see also* Tr. 1-12-2024 at 11-13, C.R. at 331-32. She explained that Claimant's job required primarily his hands and wrists, not his neck or shoulders. *See* WCJ Decision at 8, F.F. 48, C.R. at 35; *see also* Tr. 1-12-2024 at 11-13, C.R. at 331-32.

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[9] Nurse Howarth testified that she worked as Occupational Health nurse manager for Employer's health services. *See* WCJ Decision at 8, F.F. 47, C.R. at 35; *see also* Tr. 1-12-2024 at 6, C.R. at 325. She explained that Employer's health services provide first aid services and care treatment to employees with both work-related injuries and non-work-related health issues. *See* WCJ Decision at 8, F.F. 47, C.R. at 35; *see also* Tr. 1-12-2024 at 7, C.R. at 326. Nurse Howarth also explained that she handles all workers' compensation injuries for Employer. *See* WCJ Decision at 8, F.F. 47, C.R. at 35; *see also* Tr. 1-12-2024 at 7-8, C.R. at 326-27.

[10] Nurse Howarth testified that Claimant began with Employer in February of 2022. *See* WCJ Decision at 8, F.F. 48 & n.4, C.R. at 35; *see also* Tr. 1-12-2024 at 11, C.R. at 330. Employer records submitted during Nurse Howarth's deposition indicated that Employer initially hired Claimant in February of 2022, but that he quit for personal reasons less than two weeks thereafter, only to be re-hired in October of 2022. *See* WCJ Decision at 8, F.F. 48 & n.4, C.R. at 35.

Nurse Howarth testified that Claimant first reported a work injury on February 21, 2023, and that was for right wrist and hand pain. *See* WCJ Decision at 8-9, F.F. 51, C.R. at 35-36; Tr. 1-12-2024 at 17-18, C.R. 336-37. She testified that Claimant never complained of shoulder or neck problems prior to March 1, 2023. *See* WCJ Decision at 8, F.F. 50, C.R. at 35; *see also* Tr. 1-12-2024 at 28-29, C.R. at 347-48. Nurse Howarth explained that, upon receiving his lifting and mobility restrictions from medical providers, Claimant was placed on limited duty work that required the use of only one hand. *See* WCJ Decision at 8, F.F. 48, C.R. at 35; *see also* Tr. 1-12-2024 at 11-13, C.R. at 331-32.

Nurse Howarth agreed that Claimant was given a restriction to not work in a cold environment, but she explained that Claimant did not work in a freezer, as none of Employer's employees work in freezers for any reason. *See* WCJ Decision at 9, F.F. 55-56, C.R. at 36; *see also* Tr. 1-12-2024 at 22-24, C.R. at 341-43. Nurse Howarth explained that the production floor is kept at an average of 34 degrees, so it is a cold environment, but that all employees are instructed to wear appropriate and adequate clothing. *See* WCJ Decision at 9, F.F. 55, C.R. at 36; *see also* Tr. 1-12-2024 at 24-25, C.R. at 343-44. Nurse Howarth further testified that on April 7, 2023, Claimant voluntarily quit to find a warmer job after she explained that Employer had no work that could accommodate Claimant's cold restriction. *See* WCJ Decision at 9-10, F.F. 59, C.R. at 36; *see also* Tr. 1-12-2024 at 32-33, C.R. at 351-52.

Nurse Howarth denied that Claimant's injury was work-related. *See* WCJ Decision at 9, F.F. 57, C.R. at 36; *see also* Tr. 1-12-2024 at 28-29, C.R. at 347-48. She reiterated that Claimant had not reported the neck and shoulder issue until March 2023, which was several weeks after he initially reported his right hand and

wrist issues. *See* WCJ Decision at 9, F.F. 57, C.R. at 36; *see also* Tr. 1-12-2024 at 29, C.R. at 348-49. However, an exhibit at Nurse Howarth's deposition consisted of Employer notes that indicated Claimant had made complaints concerning his right shoulder in early February 2023. *See* WCJ Decision at 10, Reproduced Record (R.R.) at 37a. Ultimately, Nurse Howarth testified that she did not believe that Claimant's neck issues and restrictions for those issues were due to work-related causes. *See* WCJ Decision at 9, F.F. 57-58, C.R. at 36; *see also* Tr. 1-12-2024 at 31-32, C.R. at 350-51.

The WCJ issued the WCJ Decision on July 10, 2024. *See* Board Opinion at 1, C.R. at 77; *see also* WCJ Decision, C.R. at 28-47. In the WCJ Decision, the WCJ granted the Claim Petition, determining that Claimant had met his burden of proving that he sustained a work injury on February 16, 2023, described as right extensor tenosynovitis and aggravation of cervical spondylosis with cervical radiculopathy at C5-6. *See* Board Opinion at 1, C.R. at 77; *see also* WCJ Decision at 16 & 20, C.R. at 43 & 47. The WCJ awarded Claimant wage loss benefits. *See* Board Opinion at 1, C.R. at 77; *see also* WCJ Decision at 16-17 & 20, C.R. at 43-44 & 47. Employer appealed and the Board affirmed via the Board Opinion filed August 8, 2025. *See* Board Opinion, C.R. at 75-82. Employer timely appealed to this Court.[11]

[11] We observe that, in addition to Claimant's Claim Petition, on August 2, 2023, Employer filed a Termination Petition that alleged that Claimant had fully recovered from his work injury as of July 20, 2023. *See* Board Opinion at 1, C.R. at 77; *see also* WCJ Decision at 3, F.F. 3, C.R. at 30. The WCJ Decision granted the Termination Petition, in part. *See* Board Opinion at 1, C.R. at 77; *see also* WCJ Decision at 3, 16 & 20, C.R. at 30, 43 & 47. Neither party appealed this aspect of the WCJ Decision to the Board, and it forms no part of the instant appeal.

II. Issues

On appeal,[12] Employer argues that the WCJ and the Board erred by determining that Claimant met his burden to prove a work-related aggravation of a pre-existing cervical condition because Claimant presented insufficient evidence to establish causation. *See* Employer's Br. at 4 & 28-38. Specifically, Employer argues that Claimant's proffered medical evidence was incompetent to prove a work-related aggravation of a pre-existing degenerative cervical condition because Dr. Rolle's testimony and conclusions were based on a lack of understanding of Claimant's job duties and an unverified, non-medical record. *See id.* Employer also argues that the Board improperly characterized its competency challenge of Dr. Rolle's testimony as a credibility issue. *See id.*

III. Discussion

Initially, we observe that, "[w]ith respect to a claim petition, the claimant bears the initial burden of proving that [an] injury arose in the course of employment and was related thereto." *Frankiewicz v. Workers' Comp. Appeal Bd. (Kinder Morgan, Inc.)*, 177 A.3d 991, 995 (Pa. Cmwlth. 2017). "Generally, if there is no obvious relationship between the disability and the work-related cause, unequivocal medical testimony is required to meet this burden of proof." *Id.* "Medical evidence is considered unequivocal if the medical expert, after providing a foundation, testifies that in his medical opinion, he thinks the facts

[12] Our review in a workers' compensation appeal is limited to determining whether necessary findings of fact are supported by substantial evidence, whether an error of law was committed, or whether constitutional rights were violated. *Henderson v. WP Ventures, Inc. (Workers' Comp. Appeal Bd.)*, 269 A.3d 1272, 1275 n.2 (Pa. Cmwlth. 2022).

exist." *Craftsmen v. Workers' Comp. Appeal Bd. (Krouchick)*, 809 A.2d 434, 439 (Pa. Cmwlth. 2002).

"The terms 'aggravation of a pre-existing condition' and 'recurrence of a prior injury' are legal terms of art that are utilized to attribute causation of the current disability to a particular event or series of events." *S. Abington Twp. v. Workers' Comp. Appeal Bd. (Becker & ITT Specialty Risk Servs.)*, 831 A.2d 175, 181-82 (Pa. Cmwlth. 2003). "In workers' compensation law, 'aggravation' is a term of art denoting a new injury, as opposed to the resumption or manifestation of symptoms from a past injury[,]" which is known as a "recurrence" of the prior injury. *Zurn Indus. v. Workers' Comp. Appeal Bd. (Bottoni)*, 755 A.2d 108, 111 (Pa. Cmwlth. 2000). Both aggravations and recurrences of prior work-related injuries are compensable under the Workers' Compensation Act[13] (Act). *Chik-Fil-A v. Workers' Comp. Appeal Bd. (Mollick)*, 792 A.2d 678, 688–89 (Pa. Cmwlth. 2002). "A work-related aggravation of a prior non-work-related condition is [also] compensable." *Am. Contracting Enters., Inc. v. Workers' Comp. Appeal Bd. (Hurley)*, 789 A.2d 391, 396 (Pa. Cmwlth. 2001) (claimant with history of shoulder problems). However, "a disability that results from the natural progression of a non-work-related pre-existing condition is not compensable under the Act." *Locher v. Workers' Comp. Appeal Bd. (City of Johnstown)*, 782 A.2d 35, 38 (Pa. Cmwlth. 2001).

This Court has explained:

> An employee who experiences an injury based on the aggravation of a pre-existing condition is entitled to benefits if she shows that the aggravation arose in the

[13] Act of June 2, 1915, P.L. 736, *as amended*, 77 P.S. §§ 1-1041.4, 2501-2710.

> course of employment, the aggravation was related to the employment, and disability resulted. To show that an injury was related to employment, the employee must establish a causal connection between work and the injury. When the connection between the injury or the aggravation and work is not obvious, unequivocal medical testimony is necessary. Moreover, where a claimant had an underlying condition that is not work related, she must show continuing existing disability in order to receive benefits. Therefore, if restrictions are placed on a claimant that are causally related to the work-related aggravation, the claimant is entitled to benefits.

Chik-Fil-A, 792 A.2d at 688-89 (internal citations omitted).

> Additionally, as this Court has previously noted:
>
> > [t]he WCJ is the fact finder, and it is solely for the WCJ . . . to assess credibility and to resolve conflicts in the evidence. Neither the Board nor this Court may reweigh the evidence or the WCJ's credibility determinations. In addition, it is solely for the WCJ, as the factfinder, to determine what weight to give to any evidence. . . . As such, the WCJ may reject the testimony of any witness in whole or in part, even if that testimony is uncontradicted.

Hawbaker v. Workers' Comp. Appeal Bd. (Kriner's Quality Roofing Servs. & Uninsured Emp. Guar. Fund), 159 A.3d 61, 69 (Pa. Cmwlth.), *appeal denied*, 173 A.3d 252 (Pa. 2017) (internal citations, quotations, and brackets omitted). The competency of medical testimony is a question of law that this Court may address. *Pryor v. Workers' Comp. Appeal Bd. (Colin Serv. Sys.)*, 923 A.2d 1197, 1203 (Pa. Cmwlth. 2006). The doctor's entire testimony must be reviewed and taken as a whole, and a final decision "should not rest upon a few words taken out of context of the entire testimony." *City of Phila. v. Workers' Comp. Appeal Bd. (Kriebel)*, 29 A.3d 762, 770 (Pa. 2011).

The WCJ made extensive findings of fact based on the above-described testimony of Claimant, Dr. Rolle, Dr. Kalawadia, and Nurse Howarth, as well as wage documents submitted into evidence. *See* WCJ Decision at 3-13, F.F. 4-87, C.R. at 30-40. The WCJ also made the following express credibility determinations as findings of fact:

> 88. Claimant's testimony is credible based on the following:
>
> > A. All of Claimant's complaints focused on the neck and right upper extremity minimizing the impact of the treatment notes from February 17, February 20, and February 21, 2023 recording only hand complaints.
> >
> > B. Claimant directly responded to questions not only on direct examination, but also on cross-examination. His responses were given in a straightforward manner.
> >
> > C. Employer's own evidence confirms that Claimant did have right shoulder complaints prior to February 16, 2023, contrary to the testimony of Employer's lay witness.
>
> 89. Nurse Howarth's testimony is credible, in part, based on the following:
>
> > A. Nurse Howarth's statement that Claimant was provided with a panel list after notifying Employer of the work injury is confirmed by Claimant's signature on the panel list with the date of February 21, 2023. Employer's Ex. No. 4, p. 94. Claimant's testimony confirmed he was provided with the same.

B. Nurse Howarth recalled that as of April 7, 2023, Claimant quit to look for a warmer job. She added Employer could not accommodate the cold [restriction] and the work was in a cold environment. It is reiterated that in April 2023, Claimant requested a position where he would not be in a cold environment but was told there was no such work available. Upon hearing this, he handed over some items and left. Both Ms. Howarth and Claimant's testimony is consistent on this issue.

90. Nurse Howarth's testimony is rejected based on the following:

A. Nurse Howarth suggested the first mention of any shoulder complaints to Employer was made via a March 1, 2023 treatment note from OSS. Employer's internal documentation, however, reveals right shoulder complaints were documented in a daily recap log from February 2, 2023. Employer's Ex. No. 4, p. 137. The daily recap log from February 2, 2023, as well as any other daily recap logs from the first few months of 2023, were not reviewable for any relevant information as they were destroyed. *Id.* at 17-18.

B. Nurse Howarth's belief that Claimant's knifing job would be performed repetitively using his hands only with accompanying repetitive movement of the shoulder is difficult to accept. In reasoning as such, the undersigned relies on Nurse Howarth's statement that Claimant would be working on large chunks of meat weighing up to 5 pounds.

91. Dr. Rolle's testimony is credited over that of Dr. Kalawadia based on the following:

A. A WCJ may give greater credence to the injured workers' [sic] treating physician than the opinion

> of an IME doctor who examined the claimant one time for the purposes of litigation. *Sloane v. W.C.A.B. (Children's Hosp. of Phila.)*, 124 A.3d 778 (Pa. Cmwlth. 2015); *[s]ee also D.P. "Herk" Zimmerman, Jr., Inc. v. W.C.A.B. (Himes)*, 519 A.2d 1077 (Pa. Cmwlth. 1987).
>
> B. Both medical experts agreed the degenerative condition in Claimant's cervical spine was worse than what might be expected for someone of Claimant's age. This makes Dr. Rolle's assessment that Claimant's cervical condition was aggravated by his repetitive duties more believable.
>
> C. In explaining why Claimant's neck condition was not exacerbated at work, Dr. Kalawadia focused on the limited period when Claimant [was] performing one-handed work. Claimant's credible testimony is that he began to notice symptoms deriving from this body part even before February 16, 2023.

WCJ Decision at 13-15, F.F. 88-91, C.R. at 40-42.

Based on the extensive findings of fact and the express credibility determinations, the WCJ concluded, in pertinent part, that:

> Based on the credible testimony of Claimant and Dr. Rolle, Claimant met his burden in the Claim Petition to establish he sustained right extensor tenosynovitis and aggravation of cervical spondylosis with cervical radiculopathy at C5-6. It is immaterial that Claimant's injuries developed over time and nothing specific occurred on February 16, 2023.

WCJ Decision at 16, Conclusion of Law No. 2, C.R. at 43 (internal citations omitted). The Board, in turn, found as follows:

> After careful review of the record, we conclude the WCJ's Decision [] was supported by substantial, competent evidence. Claimant bore the burden of proving all the elements necessary to support an award, including the existence of a work-related injury resulting in disability. Claimant was able to meet his burden because the WCJ accepted both Claimant's own testimony[] and the unequivocal[] medical testimony of Dr. Rolle. Dr. Rolle testified that Claimant had sustained a disabling work injury that included right extensor tenosynovitis and aggravation of cervical spondylosis with cervical radiculopathy at C5-6. [Employer] was able to meet its burden on the Termination [P]etition only in part. Specifically, through the testimony of Drs. Rolle and Kalawadia, [Employer] established that Claimant was fully recovered from only the right extensor tenosynovitis aspect of his work injury. [Employer] failed to meet its burden to prove that Claimant was fully recovered from his entire work injury because the WCJ rejected Dr. Kalawadia's testimony insofar as it contradicted the testimony of Dr. Rolle. Consequently, we determine that the WCJ[] Decision [] was supported by the credited substantial, competent evidence of record[].

Board Opinion at 4-5 (internal citations omitted).

We find no error with the WCJ's or the Board's conclusions. Claimant presented evidence of his work injury and continuing disability through his own testimony about his physical injury and ongoing symptoms and limitations as a result of his work. Dr. Rolle's testimony unequivocally linked Claimant's injury, treatment, and ongoing symptomology to his work duties. The WCJ reviewed this testimony, found it to be competent, and afforded it more weight than that of Dr. Kalawadia, who conducted the IME. To the extent the testimony of Dr. Kalawadia and Nurse Howarth could have countered this evidence, the WCJ, in his role as

finder of fact and determiner of credibility and weight of the evidence, expressly rejected their contrary testimony. *See* WCJ Decision at 13-15, F.F. 88-91, C.R. at 40-42. It is not this Court's role to revisit the WCJ's evidentiary determinations. *See Hawbaker*. Based on our review of the record, we discern no error in the WCJ's or Board's determination that Claimant met his burden in the Claim Petition to establish he sustained right extensor tenosynovitis, which has resolved, and aggravation of cervical spondylosis with cervical radiculopathy at C5-6, which continues as a compensable injury.

Additionally, to the extent Employer argues that Dr. Rolle's evidence was incompetent as a result of Dr. Rolle not understanding the physical rigors of Claimant's occupational duties, we do not agree. We observe that, if a medical expert's opinion depends on false or incorrect information or an assumption contrary to the facts and evidence, such as a mistaken understanding of the work incident, it can be deemed incompetent. *See Cmty. Empowerment Ass'n v. Workers' Comp. Appeal Bd. (Porch)*, 962 A.2d 1, 8 n.7 (Pa. Cmwlth. 2008); *see also Newcomer v. Workers' Comp. Appeal Bd. (Ward Trucking Corp.)*, 692 A.2d 1062, 1066 (Pa. 1997) (concluding that doctor's testimony on causation lacked competence because it was unsupported by the factual history of the incident). The competency of medical testimony is a question of law that we may address. *See Pryor*, 923 A.2d at 1203.

However, if the medical expert's opinion is based on an incomplete (rather than false or inaccurate) grasp of the facts, the defect will go to the WCJ's evaluation of the weight of the expert's testimony, which may not be disturbed on appeal. *See Degraw v. Workers' Comp. Appeal Bd. (Redner's Warehouse Mkts., Inc.)*, 926 A.2d 997, 1002 & n.4 (Pa. Cmwlth. 2007); *see also Cmty. Empowerment*

Ass'n, 962 A.2d at 8 n.7. Likewise, to the extent the doctor's testimony and the claimant's testimony are inconsistent concerning the facts of an occupational injury, the question goes to the weight of the doctor's testimony, not its competency. *See Helvetia Coal Co. v. Workers' Comp. Appeal Bd. (Learn)*, 913 A.2d 326, 331 (Pa. Cmwlth. 2006). Further, this Court has explained that a medical opinion based on a mistake concerning the incident or mechanism of injury *can* (but need not) be deemed incompetent. *See Degraw*, 962 A.2d at 1002 n.4; *see also Daniels v. Workers' Comp. Appeal Bd. (Tristate Transport)*, 828 A.2d 1043, 1053 (Pa. 2003) (stating that determination of an expert's credibility may be based on numerous factors, including the expert's opinion is based on "erroneous factual assumptions").

Here, the Board explained:

> [Employer] makes numerous arguments as to why the WCJ should have rejected Dr. Rolle's medical testimony, including attacking the extent of his knowledge of Claimant's work activities and his use of medical records. While [Employer] argues Dr. Rolle's testimony is incompetent as a result of these issues, it is merely attacking the credibility of Dr. Rolle's testimony. We note that the WCJ is free to accept or reject, in whole or in part, the testimony of any witness, including medical witnesses, and determinations of credibility and weight to be accorded evidence are the prerogative of the WCJ, not this Board. Thus, to the extent [Employer] is merely attacking the WCJ's valid credibility determinations, we must reject that argument.

Board Opinion at 5, C.R. at 81 (internal citations omitted). We agree with this assessment. Dr. Rolle's testimony demonstrates that he adequately understood the repetitive nature of Claimant's occupation and the nature of his complaints from Claimant's testimony and the various medical records he reviewed. Employer points

to multiple examples of differences in Dr. Rolle's testimony and that of Nurse Howarth and Claimant to illustrate that Dr. Rolle was not familiar with Claimant's job and therefore was incompetent. We again observe, however, that the WCJ expressly rejected Nurse Howarth's testimony beyond her statements that Claimant was provided with a physician panel list and that he quit to find a warmer job after being notified that Employer could not accommodate his "no cold environment" work restriction. To the extent Dr. Rolle's testimony deviated from that of Claimant regarding Claimant's work or the mechanism of injury, as the Board noted, this discrepancy goes to the weight of the evidence, not its competency. *Helvetia Coal*.

Further, to the extent Employer suggests that certain specific "concessions" elicited from Dr. Rolle on cross-examination rendered his causation testimony regarding Claimant's injury incompetent, we do not agree. As noted, the doctor's entire testimony must be reviewed and taken as a whole, and a final decision "should not rest upon a few words taken out of context of the entire testimony." *City of Phila.*, 29 A.3d at 770. Employer's suggestion that Dr. Rolle's testimony was incompetent because Dr. Rolle did not know all the specifics of Claimant's work duties also goes to the weight of his testimony, not to its competency. *See Degraw*, 926 A.2d at 1002 (doctor's limited knowledge of specifics of the claimant's work duties beyond "produce worker" went to weight of the doctor's testimony, not its competency). Further, such gaps in a testifying physician's knowledge are not automatically disqualifying. *See id.* at 1002 n.4 (finding that, although testifying physician acknowledged not knowing all the intricate details surrounding the mechanics of an injury, the physician's testimony that he knew a claimant was a produce worker and that the injury occurred while lifting produce sufficed for competency purposes).

Similarly, Dr. Rolle's statement on cross-examination that he needed "to actually see" how Claimant performed his work tasks and that he could not "answer definitively, unless I actually see what he's doing," was made in response to Employer's counsel's question as to how Claimant's right shoulder and hand continued to hurt when due his work restrictions, he was working only with his left hand. To the extent this amounted to a concession on Dr. Rolle's part, it went to the weight of his testimony, which the WCJ credited. *See* Transcript at 34-35, R.R. at 248a-49a. In this respect, we note Claimant's testimony, also credited by the WCJ, that he continued to experience pain in his neck, his right shoulder, and his right hand when performing the modified duty position and believed it was because he still had to work in a cold environment during that time. *See* WCJ Decision at 4, F.F. 11, C.R. at 31; *see also* Tr. 8-30-2023 at 23-24, C.R. at 147-48. Because we view the doctor's testimony as a whole, we note as well that Dr. Rolle also explained that a cold workplace environment can decrease circulation and blood flow, which can cause stiffness, restricted range-of-motion, and increased pain. *See* WCJ Decision at 6, F.F. 26, C.R. at 33; *see also* Rolle Depo. at 17, C.R. at 231; *City of Phila.*, 29 A.3d at 770.

Likewise, Dr. Rolle's "acknowledgement" that Claimant could have developed his symptoms without any type of work injury, even by simply sitting at home, does not render his testimony incompetent. *See* Transcript at 44, R.R. at 258a. Taken in context, this statement was in response to a hypothetical cross-examination question by Employer's counsel and, given his testimony as a whole, it did not undermine Dr. Rolle's previously rendered medical opinion regarding the work-

relatedness and extent of Claimant's right-side symptoms.[14] *City of Phila.*, 29 A.3d at 770. Again, we mention Claimant's credited testimony that even working with just his left hand and arm due to the initial restrictions, he remained in the cold environment, which he believed worsened his condition; Dr. Rolle similarly testified that working in a cold environment can decrease circulation and blood flow, resulting in stiffness, restricted range-of-motion, increased pain. *See* WCJ Decision at 6, F.F. 26, C.R. at 33; *see also* Rolle Depo. at 17, C.R. at 231. For this Court to view Dr. Rolle's statements on cross-examination as disqualifying would require the Court to review and reweigh the evidence in a light most favorable to Employer as opposed to that of Claimant, who prevailed below. Such a review would be improper, and we decline Employer's invitation to engage in such a review.

IV. Conclusion

For the reasons above, we find that the WCJ's determination that Claimant sustained a work injury through his employment with Employer of an aggravation of cervical spondylosis with cervical radiculopathy at C5-6 is supported by substantial record evidence. Accordingly, the Board Opinion is affirmed.

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CHRISTINE FIZZANO CANNON, Judge

[14] In fact, directly after eliciting the "confession" that even sitting at home could have hypothetically caused Claimant's condition, Employer's counsel followed up with a question that encapsulated Dr. Rolle's causation testimony and with which Dr. Rolle agreed: "[Employer's Counsel]: Can we agree, *other than repetitive activities*, there is no specific incident that caused these problems? [Dr. Rolle]: That is correct." Transcript at 44-45, R.R. at 228a-29a (emphasis provided).

IN THE COMMONWEALTH COURT OF PENNSYLVANIA

Cargill Meat Solutions Corp., Petitioner	:	
v.	:	
Abdul Karim A. Wahbah (Workers' Compensation Appeal Board), Respondent	:	No. 1157 C.D. 2025

O R D E R

AND NOW, this 16th day of November, 2026, the August 8, 2025 Opinion of the Workers' Compensation Appeal Board is **AFFIRMED**.

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CHRISTINE FIZZANO CANNON, Judge