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TENNESSEE COURT OF
WORKERS' COMPENSATION
CLAIMS

TENNESSEE BUREAU OF WORKERS' COMPENSATION
IN THE COURT OF WORKERS' COMPENSATION CLAIMS
AT NASHVILLE

YOLANDA JOHNSON, **Employee,** **v.** **PARALLON ENTERPRISES, LLC,** **Employer,** **and** **INDEM. INS. CO. OF N. A.,** **Carrier.**	**Docket No. 2025-60-7500** **State File No. 14663-2025** **Judge Dale Tipps**

EXPEDITED HEARING ORDER DENYING BENEFITS

At a September 8, 2026 expedited hearing, the issue was whether Ms. Johnson is likely to prevail on her claim for additional temporary disability and medical benefits. Because the expert medical proof conflicts and is insufficiently persuasive, the Court holds she is not entitled to the requested benefits.

Claim History

Ms. Johnson was working as a team lead at Parallon when two of her right-hand fingers began tingling in August 2024. She reported this as a work injury in January 2025, attributing it to the constant typing and mouse use in her job. Parallon initially told her to see her primary care doctor but eventually sent her to an urgent care clinic.

After a couple of months, the PA at the clinic diagnosed carpal tunnel syndrome and cervicothoracic radiculopathy. She referred Ms. Johnson to "neurology and orthopedic."

Ms. Johnson selected Dr. James Rubright from a panel and saw him in March 2025. Reviewing electrodiagnostic tests, he diagnosed severe right carpal tunnel

syndrome. Dr. Rubright also wrote, "I suppose she could have some contribution from the cervical spine." He took Ms. Johnson off work and recommended release surgery.

Six weeks after the surgery, Dr. Rubright noted that Ms. Johnson continued to have numbness in her fingertips and allodynia throughout the middle finger. He recounted that even before her surgery, they discussed the possibility that some of her symptoms might be attributable to cervical spine pathology. Dr. Rubright noted that "this is being worked up through a Neurology consultant."

On her next visit, Dr. Rubright said Ms. Johnson's symptoms were unchanged. He again mentioned the neurologist "who is working up her cervical spine" and added, "I think they are trying to sort out if that is a Work Comp issue or not." Dr. Rubright ordered another nerve study to see whether the median nerve had improved after the release surgery. After the study was performed, he placed Ms. Johnson at maximum medical improvement on August 25.

Dr. Rubright saw Ms. Johnson again on November 13. He noted that she was being evaluated "for brachial plexus and for the cervical spine," including a repeat electrodiagnostic test that was scheduled for the following week. He concluded, "If there is indeed additional pathology that is responsible for ongoing middle finger symptoms, those would be outside of her work related injury."

The neurologist to whom Dr. Rubright referred was Dr. James Anderson, selected from a panel by Ms. Johnson. Early records from Dr. Anderson are somewhat sparse, with no office notes but only single-page Workers' Comp Reports. The first of these, from July 17, lists seven diagnosis codes but no narrative description of Dr. Anderson's assessment. This is followed by a list of the diagnostic tests performed and a restriction checklist from which the doctor selected "no work requiring use of right arm." He also added, "[N]o prolonged sitting, standing, walking." Dr. Anderson ordered a soft cervical collar, an EMG for right versus left brachial plexus, and what appears to be a lumbar spine x-ray. He repeated the same diagnosis codes, recommendations, and restrictions in his second Workers' Comp Report from August 1.

On November 18, Ms. Johnson had an EMG, and Dr. Anderson diagnosed "diffuse right brachial plexopathy with some evidence of overlying right median neuropathy" at the wrist and elbow. There was no evidence of cervical radiculopathy.

Ms. Johnson's attorney sent Dr. Anderson a questionnaire in January 2026, asking whether she has a brachial plexus injury "that is primarily related to her on-the-job injury." The doctor responded, "Yes." He also said that she was not at maximum medical improvement and that she currently had work restrictions, although he did not specify what those were.

While Ms. Johnson was receiving her authorized treatment with Drs. Rubright and Anderson, Parallon sent questionnaires or requests for opinions to several medical providers. The first of these, in August 2025, went to Dr. Emily Gibson at the first authorized clinic Ms. Johnson visited. Dr. Gibson was asked whether she or her staff diagnosed a cervical injury that was more than 50% related to Ms. Johnson's employment. She checked, "No." Dr. Gibson also indicated that the neurology referral from her office was limited to getting an EMG to evaluate the carpal tunnel syndrome diagnosis.

Dr. Tarek Elalayli, who performed an employer's examination, confirmed in his September 2025 questionnaire that Ms. Johnson had no work-related cervical condition.

Dr. Anderson spoke on the telephone with counsel for Parallon and signed the attorney's summary of that call in October 2025. He confirmed that Ms. Johnson's EMG studies were negative for cervical radiculopathy. Based upon his treatment and examinations, he concluded that she suffered no cervical injury primarily related to her employment. The summary read in part, "Any further treatment rendered by me or restrictions assigned by me are not due to a work injury and should be handled outside of the workers' compensation system."

Dr. Christopher Kauffman performed an employer's examination in June 2026. He assessed right carpal tunnel syndrome and said Ms. Johnson's symptoms were "consistent with potential incomplete release of the carpal tunnel via endoscopic approach." He added, "I do not believe this is a brachial plexus injury. No evidence to support a brachial plexus injury at work." Dr. Kauffman also felt Ms. Johnson's symptoms could come from cervical stenosis, but he did not believe this was because of an acute injury.

Parallon offered the Rule 72 Declaration of Amy Harmon, the carrier's adjuster on Ms. Johnson's claim. Ms. Harmon explained that furnishing a panel and treatment with Dr. Anderson was an error, in that the clinic only intended to refer Ms. Johnson for an EMG. Once Dr. Gibson clarified that her office did not diagnose a cervical injury or make a general neurology referral, and based on Dr. Elalayli's

opinion, Ms. Harmon issued a denial for the cervical injury on September 29 and notified Dr. Anderson that further treatment would not be authorized. As Dr. Rubright had already placed Ms. Johnson at maximum medical improvement, Ms. Harmon also terminated temporary disability benefits.

Further, based on Dr. Rubright's November 13 office note and Dr. Kaufman's report, Ms. Harmon issued a denial for the alleged brachial plexus injury on July 16, 2026. Since Dr. Rubright indicated he had no further treatment to offer, she also offered a new panel of hand specialists to Ms. Johnson.

Ms. Johnson testified that she was never informed that Dr. Rubright would no longer see her. She continues to see Dr. Anderson on her own since his treatment is no longer authorized. She also said she can work within her restrictions and told Parallon that she was available and willing to return.

Ms. Johnson requested an order for continuing medical treatment, specifically treatment with Dr. Anderson for her brachial plexus injury. She also contended that she is entitled to additional temporary disability benefits from the date those benefits were terminated, September 25, 2025, through the present. Finally, Ms. Johnson requested that a penalty and attorney fees be awarded for the late temporary disability benefits.

Parallon countered that Ms. Johnson is not entitled to additional benefits for her brachial plexus claim because she has not met the burden of proving that it was primarily caused by her work. Only Dr. Anderson identified a causal connection between her job and her condition. And he gave several inconsistent and irreconcilably conflicting causation opinions, so they should be disregarded. Finally, Dr. Rubright, who is an authorized physician, stated in his last report that if Ms. Johnson has a brachial plexus condition, it would not be related to her work injury.

Even if causation were proven, Parallon contended that Ms. Johnson did not establish a claim for past temporary disability benefits because the questionnaire from Dr. Anderson only addresses her current temporary restrictions and does not establish the duration of her disability. It also argued that Ms. Johnson had a duty to try to find employment within her restrictions.

Findings of Fact and Conclusions of Law

Ms. Johnson must show she is likely to prevail at a hearing on the merits.

Tenn. Code Ann. § 50-6-239(c)(6) (2026); *McCord v. Advantage Human Resourcing*, 2015 TN Wrk. Comp. App. Bd. LEXIS 6, at *7-8, 9 (Mar. 27, 2015).

The first element she must prove is that her alleged brachial plexus injury arose primarily out of and in the course and scope of her employment. This includes the requirement that the injury is caused by a "specific incident, or set of incidents, . . . and is identifiable by time and place of occurrence." Further, she must show "to a reasonable degree of medical certainty that [the incident] contributed more than fifty percent (50%) in causing the . . . disablement or need for medical treatment, considering all causes." "Shown to a reasonable degree of medical certainty" means that, in the opinion of the treating physician, it is more likely than not considering all causes as opposed to speculation or possibility. *Id.* § 50-6-102(12)(A)-(D).

Applying these principles to the facts of this case, the issue is whether Ms. Johnson is likely to prove that her typing and mouse usage at work was the primary cause of her brachial plexus condition. She relied on Dr. Anderson, who responded "yes" when asked whether she had a brachial plexus injury "that is primarily related to her on-the-job injury."

Parallon argued that the Court should disregard Dr. Anderson's opinion, citing *Church v. Perales*, 39 S.W.3d 149, 269-70 (Tenn. Ct. App. 2000) (contradictory statements by the same witness regarding a single fact cancel each other out and are "no evidence" of the fact sought to be proved). The problem with this argument is that Dr. Anderson did not make contradictory statements about a "single fact." His first diagnosis of a brachial plexus injury appears in his November 18, 2025 office note following her EMG of that date. He then gave his causation opinion in response to the January 2026 questionnaire. The "contradictory" statements offered by Parallon all occurred earlier and only involved his opinion that Ms. Johnson had suffered no *cervical* injury, a fact upon which all the doctors appear to agree. As those statements are distinct from the brachial plexus issue, the Court will not exclude Dr. Anderson's later opinion.

Ms. Johnson contended that Dr. Anderson's opinion is presumed correct because he was an authorized panel physician. Tenn. Code Ann. § 50-6-102(12)(E). Parallon argued that the presumption expired when it "deauthorized" Dr. Anderson, but it acknowledged it had no authority for that position. The Court is unpersuaded. Regardless of whether Parallon now believes it mistakenly sent a neurological panel to Ms. Johnson or later deauthorized Dr. Anderson, the fact remains that it authorized treatment with him for several months. Under the plain language of section 102(12)(E), he became a "treating physician, selected by the employee from the

employer's designated panel of physicians[.]" Without authority to the contrary, the Court cannot find that his opinion is no longer entitled to the presumption of correctness.

In response to Dr. Anderson, Parallon offered the opinions of Drs. Kauffman and Rubright. Dr. Kauffman said that Ms. Johnson does not have a brachial plexus injury, adding, "No evidence to support a brachial plexus injury at work." Dr. Rubright noted that she was being tested for a brachial plexus condition but said that if she had additional pathology, it "would be outside of her work related injury." As an authorized panel physician, Dr. Rubright's opinion is also presumed correct.

Because the opinions of Dr. Anderson and Dr. Rubright are both entitled to the presumption of correctness, the Court must determine whether either party has offered sufficient evidence to overcome those presumptions. They have not.

Court rules allow written causation opinions in expedited hearings, and they are often sufficient to establish entitlement to benefits, especially when they are unrebutted. However, the effectiveness of written opinions is sometimes limited, especially when multiple doctors disagree but only give "check the box" responses or short, unexplained statements of opinion. Such is the case here, where the Court is faced with conflicting written opinions regarding the cause of Ms. Johnson's brachial plexus condition. All three are conclusory and offer no explanation as to how each doctor arrived at their conclusion. The effect is one of mere disagreement rather than reasoned explication. Without more information, the Court cannot find any one opinion more persuasive than the others, much less determine whether the presumption has been overcome.

The inability to credit one opinion over another means that Ms. Johnson has not met her burden of showing she is likely to prevail at a hearing on the merits.

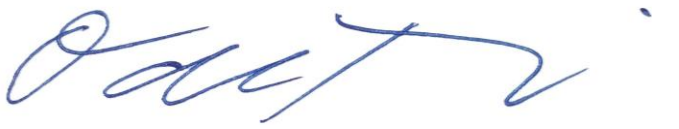
Regarding Ms. Johnson's request for disability benefits, an injured worker is eligible for temporary total disability benefits if: (1) the worker became disabled from working due to a compensable injury; (2) there is a causal connection between the injury and the inability to work; and (3) the worker established the duration of the period of disability. *Jones v. Crencor Leasing and Sales*, 2015 TN Wrk. Comp. App. Bd. LEXIS 48, at *7 (Dec. 11, 2015). Because Ms. Johnson has not yet established sufficient medical causation for her brachial plexus condition, she is not likely to prevail on a claim for additional temporary disability benefits at a final hearing. The same is true for her claim for a penalty and attorney fees.

IT IS, THEREFORE, ORDERED as follows:

1. Ms. Smith's request for additional benefits is denied at this time. She remains entitled to any reasonable and necessary medical treatment causally related to her carpal tunnel syndrome with Dr. Rubright or, if he will not see her, with another panel-selected orthopedist.

2. This case is set for a Status Hearing on December 2, 2026, at 1:30 p.m. Please call 855-874-0473 to participate. Failure to call might result in a determination of the issues without your further participation. All conferences are set using Central Time.

ENTERED September 22, 2026.



JUDGE DALE TIPPS
Court of Workers' Compensation Claims

APPENDIX

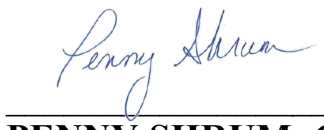
Exhibits:

1. Ms. Johnson's Rule 72 Declaration
2. Ms. Johnson's indexed medical records
3. Parallon's supplemental medical records
4. Amy Harmon's Rule 72 Declaration
5. Wage Statement
6. August 26, 2025 email from Ms. Johnson
7. Emails between Ms. Johnson and Parallon's counsel

CERTIFICATE OF SERVICE

I certify that a copy of this order was sent as shown on September 22, 2026.

Name	Email	Service sent to:
Adam Brock-Dagnan, Employee's Attorney	X	Adam.brockdagnan@forthepeople.com
Catheryne L. Grant, Employer's Attorney	X	clg@feeneymurray.com



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