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IN THE COURT OF APPEALS OF NORTH CAROLINA

No. COA15-308

Filed: 19 April 2016

North Carolina Industrial Commission, I.C. No. 13-702146

GRADY EDWARDS, Employee, Plaintiff,

v.

REDDY ICE, Employer, SELF-INSURED (GALLAGHER BASSETT SERVICES, Third-Party Administrator), Defendant.

Appeal by plaintiff from opinion and award entered 5 December 2014 by the North Carolina Industrial Commission. Heard in the Court of Appeals 8 September 2015.

The Sumwalt Law Firm, by Vernon Sumwalt, for plaintiff-appellant.

Hedrick Gardner Kincheloe & Garofalo, LLP, by Justin D. Robertson and M. Duane Jones, for defendant-appellee.

GEER, Judge.

Plaintiff Grady Edwards appeals from the Commission's opinion and award concluding that plaintiff was not disabled after 29 May 2013. On appeal, plaintiff primarily argues that the Commission lacked jurisdiction to conclude that his lymphedema was not a compensable injury. We disagree and hold that the Commission both had jurisdiction to address the issue and that its conclusion that

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the lymphedema condition was not compensable is supported by its findings of fact, which in turn are supported by competent evidence.

We agree, however, with plaintiff that the Commission's findings of fact regarding plaintiff's right knee condition are either not supported by competent evidence or are inadequate since they fail to address material aspects of the right knee injury. Moreover, since the Commission's conclusion that plaintiff is not disabled due to a compensable injury is not adequately supported by the findings of fact, we vacate in part and remand for further findings of fact regarding plaintiff's right knee injury and for reconsideration of the Commission's determination that plaintiff is no longer disabled due to a compensable injury.

Facts

On 31 October 2012, plaintiff, while at work, tripped on a hose pipe on the floor and fell. Although he tried to catch himself, his foot slipped on some ice and his right knee hit a metal grate in the concrete floor. Despite the resulting injury, plaintiff remained at work and finished his shift. He reported the injury at the end of his shift to his supervisor, Bradley Brewer, who filled out an injury report. Plaintiff did not immediately seek medical attention because he believed his knee would get better, but the pain and swelling continued as plaintiff worked his regular shifts over the next few days.

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By Saturday, 3 November 2012, plaintiff could no longer bend his right knee. He told Mr. Brewer that he could not work, but Mr. Brewer told plaintiff to stay on his shift to supervise and train a new employee, Eric Bellamy. While training Mr. Bellamy, plaintiff sustained a second injury to his right knee when he slipped and fell on oil and water that had leaked from an ice machine. Plaintiff once again injured his right knee and also suffered a cut to his left knee when both knees struck an eight-inch concrete pillar that supported the machine's motor.

Plaintiff told Mr. Brewer he could not wait until Monday to seek treatment from the company doctor, so he was directed to an urgent care facility, but it was already closed for the night. Plaintiff was then directed to another facility, but it would not accept workers' compensation patients. Finally, Dawn Neverson, defendant's plant manager, authorized plaintiff to go to the emergency department at Southeastern Regional Medical Center, which he visited on 4 November 2012. At the emergency department, plaintiff was diagnosed with septic right knee and joint effusion.

On 8 November 2012, Dr. Staley Jackson performed arthroscopic irrigation and debridement of plaintiff's right knee, and plaintiff was discharged from the hospital on 12 November 2012. Approximately one month after being discharged, plaintiff began treatment for lymphedema in his right leg at Southeastern Lifestyle Center.

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Defendant prepared a Form 19 employer's report on 5 November 2012. On 4 December 2012, plaintiff filed a Form 18 "Notice of Accident to Employer," alleging a right knee injury. Defendant initially filed a Form 63 "Notice to Employee of Payment of Compensation Without Prejudice" on 4 December 2012. After requesting an additional 30 days, defendant filed a Form 61 "Denial of Workers' Compensation Claim," stating: "Defendants do not dispute that a compensable incident occurred; however, Defendants have discovered that Plaintiff had pre-existing and non-work-related right lower extremity and right knee problems for which he had been treating, which Plaintiff did not disclose to Defendants." Defendant disputed plaintiff's entitlement to any additional benefits.

The Deputy Commission, in an opinion and award filed on 25 April 2014, concluded that plaintiff had sustained a compensable injury arising out of and in the course of his employment with defendant and that the swelling in plaintiff's right leg was a causal consequence of one or both injuries on 31 October 2012 and 3 November 2012. The Deputy Commission also concluded that because plaintiff's injuries were compensable, all consequences of his injuries were also compensable, including but not limited to the aggravation of his degenerative arthritis, the swelling in his right leg, and the septic arthritis.

Defendant appealed to the Full Commission, and on 5 December 2014, the Commission issued an opinion and award modifying the Deputy Commission's

opinion and award. The Commission concluded that plaintiff had shown he had sustained a compensable injury to his right knee arising out of and in the course of his employment on 31 October 2012 and 3 November 2012 and that plaintiff's right knee septic arthritis was causally related to his workplace falls. In support of this conclusion, the Commission found -- based on the testimony of Dr. Obiefuna Okoye and Dr. Matthew Sincock, both infectious disease specialists -- that plaintiff's septic arthritis was more likely than not related to the workplace falls.

The Commission, however, came to a different conclusion regarding plaintiff's right leg lymphedema, concluding that plaintiff had failed to present competent expert testimony sufficient to meet his burden of establishing a causal relationship between the lymphedema and his workplace falls. In support of this conclusion, the Commission relied on Dr. Sincock's testimony that plaintiff had lymphedema as high as his right hip and that this would not make sense if it had arisen out of his knee injury from the workplace fall. Relying on the totality of the medical expert testimony, the Commission found as fact that plaintiff's lymphedema condition was not causally related to his workplace falls.

The Commission also concluded that plaintiff's right knee septic arthritis had resolved by at least 29 May 2013, the date of the hearing before the deputy commissioner. The Commission asserted that it based this conclusion on plaintiff's own testimony at the hearing, as well as deposition testimony by both Dr. Okoye and

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Dr. Sincock, which the Commission interpreted as indicating that plaintiff's septic arthritis had resolved. Ultimately, the Commission found that plaintiff had failed to show that he suffered any disability from his septic arthritis after 29 May 2013 and, therefore, was not entitled to ongoing temporary total disability benefits after 29 May 2013. Plaintiff timely appealed to this Court.

Discussion

This Court's review of an opinion and award filed by the Industrial Commission is "limited to a determination of whether the findings of the Commission are supported by the evidence and whether the findings in turn support the legal conclusions of the Commission." *Gonzalez v. Tidy Maids, Inc.*, ___ N.C. App. ___, ___, 768 S.E.2d 886, 890-91 (2015) (quoting *Allred v. Exceptional Landscapes, Inc.*, 227 N.C. App. 229, 232, 743 S.E.2d 48, 51 (2013)). "The findings of fact by the Industrial Commission are conclusive on appeal if supported by any competent evidence." *Gallimore v. Marilyn's Shoes*, 292 N.C. 399, 402, 233 S.E.2d 529, 531 (1977). The Commission's conclusions of law, however, are reviewable de novo. *Lewis v. Sonoco Prods. Co.*, 137 N.C. App. 61, 68, 526 S.E.2d 671, 675 (2000).

I

Plaintiff first argues that the Commission exceeded its jurisdiction and statutory role under N.C. Gen. Stat. § 97-18(f) (2015). Specifically, plaintiff argues that defendant was limited to the defenses set out in its Form 61, which denied

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compensability because of alleged “pre-existing and non-work-related right lower extremity and right knee problems for which [plaintiff] had been treating[.]” Therefore, plaintiff argues, since defendant did not assert on the Form 61 that plaintiff’s lymphedema was not compensable, that issue was not properly before the Commission.

Defendant, on the other hand, contends that plaintiff’s argument misstates the law and overlooks the fact that the defenses listed on the Form 61 related only to the injury conditionally accepted on defendant’s Form 63, which was a “right knee” injury and did not include the right leg lymphedema. Defendant argues that it was, therefore, only limited by its Form 61 with respect to defenses to plaintiff’s right knee injury claim. The Form 61 did not limit what defenses defendant could raise with respect to plaintiff’s lymphedema condition. We agree.

N.C. Gen. Stat. § 97-18(d) provides:

In any claim for compensation in which the employer or insurer is uncertain on reasonable grounds whether the claim is compensable or whether it has liability for the claim under this Article, the employer or insurer may initiate compensation payments without prejudice and without admitting liability. The initial payment shall be accompanied by a form prescribed by and filed with the Commission, stating that the payments are being made without prejudice. Payments made pursuant to this subsection may continue until the employer or insurer contests or accepts liability for the claim or 90 days from the date the employer has written or actual notice of the injury or death, whichever occurs first, unless an extension is granted pursuant to this section. . . . *The employer or*

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insurer must provide on the prescribed form a detailed statement of its grounds for denying compensability of the claim or its liability therefor. If the employer or insurer does not contest the compensability of the claim or its liability therefor within 90 days from the date it first has written or actual notice of the injury or death, or within such additional period as may be granted by the Commission, it waives the right to contest the compensability of and its liability for the claim under this Article. However, the employer or insurer may contest the compensability of or its liability for the claim after the 90-day period or extension thereof when it can show that material evidence was discovered after that period that could not have been reasonably discovered earlier, in which event the employer or insurer may terminate or suspend compensation subject to the provisions of G.S. 97-18.1.

(Emphasis added.)

N.C. Gen. Stat. § 97-18(f) then further provides with respect to an employer denying or contesting a claim:

The employer's or insurer's grounds for contesting the employee's claim or its liability therefor as specified in the notice suspending compensation under subsection (d) of this section are the only bases for the employer's or insurer's defense on the issue of compensability in a subsequent proceeding, unless the defense is based on newly discovered material evidence that could not reasonably have been discovered prior to the notice suspending compensation.

Here, plaintiff initially asserted a claim only for an injury to his right knee, for which defendant decided to pay compensation, without prejudice, while it investigated. After requesting an additional 30 days to review the claim, however, defendant filed its Form 61 denying plaintiff's right knee injury claim, and, as

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required by N.C. Gen. Stat. § 97-18(d), defendant provided its reasons for that denial. Defendant was, pursuant to N.C. Gen. Stat. § 97-18(f), limited to those defenses when disputing plaintiff's right knee claim.

Plaintiff's lymphedema condition is not, however, limited to his right knee, but rather extends from his ankle as high as his right hip. We find, therefore, that plaintiff's lymphedema condition is a separate claim from his right knee injury. Therefore, plaintiff's initial claim for a right knee injury did not encompass the lymphedema condition, and defendant's Form 61, which only addressed plaintiff's right knee injury, did not limit defendant's defenses as to plaintiff's lymphedema claim. The compensability of plaintiff's lymphedema condition was a dispute for the Commission to resolve. Accordingly, we hold that the Commission did not exceed its jurisdiction when it considered defenses defendant later raised related to the lymphedema claim, which were not listed on the Form 61.

II

Plaintiff next contends that the Commission erroneously required him to bear the burden of proving causation with respect to his lymphedema when it concluded "that [p]laintiff failed to meet his burden of establishing that his right leg lymphedema was causally related to his workplace falls." "A claimant in a workers' compensation case bears the burden of proving, by a preponderance of the evidence, a causal relationship between the injury and the claimant's employment.'" *Raper v.*

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Mansfield Sys., Inc., 189 N.C. App. 277, 281, 657 S.E.2d 899, 904 (2008) (quoting *Legette v. Scotland Mem'l Hosp.*, 181 N.C. App. 437, 455, 640 S.E.2d 744, 756 (2007), *appeal dismissed*, 362 N.C. 177, 658 S.E.2d 273 (2008)). However, plaintiff argues that under *Parsons v. Pantry, Inc.*, 126 N.C. App. 540, 485 S.E.2d 867 (1997), the burden shifted to defendant to show that the lymphedema was not compensable.

In *Parsons*, the plaintiff had met her initial burden of proving that her injury -- which had resulted primarily in frequent headaches -- was causally related to her accident at work. *Id.* at 542, 485 S.E.2d at 869. When the plaintiff later sought additional medical compensation for more headaches, this Court held that the defendants “now have the responsibility to prove the original finding of compensable injury is unrelated to her present discomfort.” *Id.*

The Court reasoned:

At the initial hearing, plaintiff's main injury complaint was headaches. At that time, it was her burden to prove the causal relationship between her 30 April 1991 accident and her headaches. Plaintiff met this burden, as evidenced by the Commission's initial opinion and award, from which there was no appeal, granting her medical expenses and future medical treatment. In effect, requiring that plaintiff once again prove a causal relationship between the accident and her headaches in order to get further medical treatment ignores this prior award. Plaintiff met her causation burden; the Industrial Commission ruled that her headaches were causally related to the compensable accident. Logically, defendants now have the responsibility to prove the original finding of compensable injury is unrelated to her present discomfort. To require plaintiff to re-prove causation each time she seeks

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treatment for the very injury that the Commission has previously determined to be the result of a compensable accident is unjust and violates our duty to interpret the Act in favor of injured employees.

We hold that the Industrial Commission erred in this matter by placing the burden of causation on plaintiff instead of defendants.

Id. (internal citations omitted).

This Court subsequently concluded that the *Parsons* presumption also applies when a defendant admits compensability. See *Perez v. Am. Airlines/AMR Corp.*, 174 N.C. App. 128, 135, 620 S.E.2d 288, 293 (2005) (*Parsons* presumption applicable where employer admitted compensability of the plaintiff's injury). Defendant concedes that *Parsons* applies to plaintiff's right knee claim and would apply with respect to future treatment for right knee swelling. The parties disagree, however, whether the *Parsons* presumption applies to plaintiff's lymphedema.

In arguing that it does, plaintiff points to language in a footnote in *Perez* addressing an argument raised concerning a lower back strain and a herniated disc in the lower back:

Defendant also argues that plaintiff's herniated disc was a different injury from the injury stated on the Form 60 and, therefore, the admission of compensability does not cover this later and distinct injury. Defendant described the injury on the Form 60 as "Sprain, Strain Lower Back." However, the section provided for this description of the injury is located below a caption stating, "THE FOLLOWING IS PROVIDED FOR INFORMATIONAL PURPOSES ONLY AND DOES NOT CONSTITUTE AN

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AGREEMENT[.]” *The presumption of compensability applies to future symptoms allegedly related to the original compensable injury.* We can conceive of a situation where an employee seeks medical compensation for symptoms completely unrelated to the compensable injury. But the burden of rebutting the presumption of compensability in this situation, although slight, would still be upon the employer.

Id. at 136 n.1, 620 S.E.2d at 293 n.1 (emphasis added). Plaintiff argues that circumstances in this case are no different than those of *Perez* because plaintiff’s knee swelling, included within the lymphedema, amounts to a future symptom related to the compensable original right knee injury.

However, *Parsons* specified that its presumption applied only “for the very injury that the Commission has previously determined to be the result of a compensable accident” 126 N.C. App. at 542, 485 S.E.2d at 869. In this case, the lymphedema was not limited to the right knee, but rather extends from plaintiff’s ankle as high as his right hip. We find plaintiff’s lymphedema condition, therefore, distinguishable from the injuries in *Parsons* and *Perez*, because it does not appear to be the same right knee injury determined to be compensable or even a symptom arising out of that right knee injury. Plaintiff, therefore, bore the burden of proving that the lymphedema was compensable.

In finding that plaintiff had not met his burden of proving the compensability of his lymphedema condition, the Commission relied in part on Dr. Sincock’s testimony that plaintiff had lymphedema as high as the right hip and that this would

not make sense if it had arisen from the knee injury resulting from the workplace falls. Moreover, in Finding of Fact No. 19, the Commission referred to Dr. Staley Jackson, the only orthopedic surgeon to testify in the case, and his testimony that it was unclear whether the lymphedema was a direct result of the trauma to plaintiff's leg. Dr. Jackson ultimately concluded, however, that given the lack of any prior history or incidents of lymphedema, there was a causal relationship between plaintiff's injury and the lymphedema. Dr. Sincock's testimony and portions of Dr. Jackson's testimony thus supported the Commission's conclusion that plaintiff's lymphedema was not caused by his compensable accidents. Plaintiff's argument is overruled.

III

Next, plaintiff challenges the Commission's determination that plaintiff's septic arthritis had resolved by 29 May 2013. Plaintiff argues that the following portion of the Commission's Finding of Fact No. 21 is not supported by competent evidence:

While the precise date at which Plaintiff's septic arthritis resolved is unclear based on the record, according to Plaintiff's own testimony, it had resolved at least as of the hearing before the Deputy Commissioner on 29 May 2013. Several months after the Deputy Commissioner hearing, both Drs. Okoye and Sincock testified that the septic arthritis had resolved.

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Plaintiff argues that plaintiff's own testimony is not competent to support the Commission's finding, because plaintiff is just a lay witness without any professional medical training. In addition, plaintiff also argues that the testimony does not support the portion of Finding of Fact No. 21, which states that both Dr. Okoye and Dr. Sincock testified that the septic arthritis had resolved. We agree.

Plaintiff points out that he did not have the expertise to diagnose whether his septic arthritis had resolved, citing *Daniels v. Hetrick*, 164 N.C. App. 197, 203, 595 S.E.2d 700, 704 (2004), in which this Court held that "[a]lthough some of [his] symptoms might be obvious . . . , plaintiff was not competent to testify as to the nature of the condition [and] the necessity of any particular treatment" Moreover, even if that were not the law, after careful review of the record, we have not found any suggestion by plaintiff in his testimony that his septic arthritis had resolved.

Further, neither Dr. Okoye nor Dr. Sincock definitively stated that plaintiff's septic arthritis had resolved. Dr. Okoye, in his deposition, testified: "I can't say that people resolve -- you know, resolve from this 100 percent without any limited issues after the treatment is done. You just have to continue to monitor them." Dr. Okoye did state that he had seen plaintiff improve, noting that plaintiff still ambulates slowly but is not using crutches, but he also testified that he would have to continue to follow plaintiff, that he's "not 100 percent back to what you expect for someone in his status or his age" and that "he's not functional as compared to a normal person at

that age.” Dr. Okoye further noted that plaintiff still has some medical limitations as well. Dr. Okoye’s testimony, therefore, does not support the Commission’s finding that plaintiff’s septic arthritis had fully resolved.

As for Dr. Sincock, when asked at his deposition whether he would recommend any further treatment for plaintiff for his septic arthritis, Dr. Sincock testified that “[f]rom an infectious disease standpoint, I most likely would not.” Dr. Sincock then clarified his initial statement, explaining, “[a]nd just going back to my earlier statement when I say from an infectious disease standpoint, I mean he would not require any further antibiotics.”

Earlier in his deposition, when asked what a person’s prognosis is after an infection like septic arthritis is treated with antibiotics, Dr. Sincock testified:

To a large extent, it depends on the previous condition of the joint. If you have an infection of the joint, there’s going to be bacteria that have grown inside that joint and has led to some degree of damage. Killing the bacteria will prevent the progression of that and the joint may well be able to heal to a certain extent. Whether or not it heals all the way back to where it was before the infection, that is on a case-by-case, you know, person-by-person basis.

Dr. Sincock’s testimony did not address “whether or not [plaintiff’s knee] heal[ed] all the way back to where it was before the infection[.]” Accordingly, although Dr. Sincock’s testimony may be sufficient to establish that the infection itself no longer needed antibiotic treatment, it did not support the Commission’s finding that the septic arthritis condition as a whole had fully resolved.

We, therefore, hold that the Commission's findings that plaintiff's septic arthritis had fully resolved are not supported by competent evidence. Consequently, we must remand to the Commission for further findings of fact regarding plaintiff's septic arthritis.

IV

Next, we address plaintiff's argument that the Commission erred by failing to make any findings of fact as to the orthopedic components of his right knee injury and/or regarding his knee swelling apart from the lymphedema. Plaintiff argues that the Commission needed to make such findings because "these other diagnoses are different" than plaintiff's lymphedema condition and "[t]he appearance of lymphadema [sic] after the falls does not negate the fact that the falls caused swelling in the right knee[.]" Indeed, even defendant acknowledges that the edema in plaintiff's knee as a result of the compensable injury by accident and the lymphedema are two separate conditions.

Moreover, Dr. Jackson testified: "The swelling in the knee has nothing to do with him getting lymphedema in his entire leg, unless you have an injury to the knee that's going to cause some lymphatic blockage or injury to lymph nodes." Thus, he identified plaintiff's knee swelling as a separate condition from the lymphedema. In addition, Dr. Sincock's testimony that his theory is "that the fall caused a joint effusion, not lymphedema to be precise, and that joint effusion is what altered the

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integrity of the joint, but that's distinct from the lymphedema problem" further supports plaintiff's argument that plaintiff's lymphedema condition was separate from his knee condition.

The Commission was obligated to address the orthopedic components of the knee injury, as well as symptoms resulting from plaintiff's knee injury, including the swelling, separate and apart from plaintiff's lymphedema. It is well established that the Commission is required to address all issues necessary to resolve plaintiff's claim. *See Joyner v. Rocky Mount Mills*, 92 N.C. App. 478, 482, 374 S.E.2d 610, 613 (1988) ("It is the duty and responsibility of the full Commission to make detailed findings of fact and conclusions of law with respect to every aspect of the case before it."); *see also Crump v. Independence Nissan*, 112 N.C. App. 587, 589, 436 S.E.2d 589, 592 (1993) ("Although the decision to take additional evidence is one within its sound discretion, the full Commission has the duty and responsibility to decide all matters in controversy between the parties and, if necessary, the full Commission must resolve matters in controversy even if those matters were not addressed by the deputy commissioner." (internal citations omitted)).

Yet, the Commission focused its findings solely on plaintiff's lymphedema condition as well as limited findings regarding plaintiff's septic arthritis. Accordingly, we must remand to the Full Commission for the making of further

findings of fact regarding both the orthopedic components of plaintiff's right knee injury and his right knee swelling apart from the lymphedema.

If the Commission determines that part of the swelling is due to the knee injury and part due to the lymphedema, it will also have to decide whether to apportion the swelling. We note, however, that "apportionment is not proper where there is no evidence attributing a percentage of the plaintiff's total incapacity to earn wages to his compensable injury, or where the evidence before the Commission renders an attempt at apportionment between work-related and non-work-related causes speculative." *Johnson v. City of Winston-Salem*, 188 N.C. App. 383, 393, 656 S.E.2d 608, 615 (internal citation omitted), *aff'd per curiam*, 362 N.C. 676, 669 S.E.2d 319 (2008). *See also Rawls v. Yellow Roadway Corp.*, 219 N.C. App. 191, 198, 723 S.E.2d 573, 578 (2012) ("An employee is entitled to full compensation without apportionment 'when the nature of the employee's total disability makes any attempt at apportionment between work-related and non-work-related causes speculative.' " (quoting *Errante v. Cumberland Cnty. Solid Waste Mgmt.*, 106 N.C. App. 114, 119, 415 S.E.2d 583, 586 (1992))).

V

Finally, plaintiff argues that the Commission erred in concluding that plaintiff was not disabled after 29 May 2013. Disability is defined in N.C. Gen. Stat. § 97-2(9) (2015) as the "incapacity because of injury to earn the wages which the employee was

receiving at the time of [the] injury in the same or any other employment.” Plaintiff must present evidence enabling the Commission to find:

(1) that plaintiff was incapable after his injury of earning the same wages he had earned before his injury in the same employment, (2) that plaintiff was incapable after his injury of earning the same wages he had earned before his injury in any other employment, and (3) that this individual’s incapacity to earn was caused by plaintiff’s injury.

Hilliard v. Apex Cabinet Co., 305 N.C. 593, 595, 290 S.E.2d 682, 683 (1982).

Plaintiff may meet this burden in any of the following ways:

(1) the production of medical evidence that he is physically or mentally, as a consequence of the work related injury, incapable of work in any employment; (2) the production of evidence that he is capable of some work, but that he has, after a reasonable effort on his part, been unsuccessful in his effort to obtain employment; (3) the production of evidence that he is capable of some work but that it would be futile because of preexisting conditions, i.e., age, inexperience, lack of education, to seek other employment; or (4) the production of evidence that he has obtained other employment at a wage less than that earned prior to the injury.

Russell v. Lowes Prod. Distribution, 108 N.C. App. 762, 765, 425 S.E.2d 454, 457 (1993) (internal citations omitted).

Here, the Commission stated, at the end of Finding of Fact No. 21, that “Plaintiff has failed to demonstrate any disability arising from his septic arthritis after 29 May 2013.” In addition, the Commission concluded:

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The record is unclear regarding the precise date that Plaintiff's compensable right knee septic arthritis resolved. However, by Plaintiff's own testimony, the condition had healed by at least 29 May 2013. Therefore, Plaintiff is entitled to temporary total disability benefits from the date Defendants last paid temporary total disability, 17 February 2013, to when Plaintiff's right knee septic arthritis was resolved, 29 May 2013. Plaintiff is not entitled to ongoing temporary total disability benefits after this date. Because disability must be shown to be a result of a compensable injury, any disability arising from non-compensable conditions, including lymphedema, does not constitute disability within the meaning of the Workers' Compensation Act and does not establish entitlement to continuing temporary total disability.

Thus, the Commission, in concluding that plaintiff was no longer disabled due to a compensable injury, only addressed plaintiff's lymphedema and plaintiff's septic arthritis, which it had found to be resolved. Because the Commission failed to make adequate findings of fact regarding plaintiff's septic arthritis, the orthopedic aspects of plaintiff's right knee injury, and plaintiff's right knee swelling from the compensable injury apart from the lymphedema, its conclusion that plaintiff is no longer disabled must be vacated and remanded for reconsideration once the required findings of fact have been made.

Conclusion

In sum, we hold that the Commission had jurisdiction to decide that plaintiff's lymphedema is not compensable and that the findings of fact supporting this conclusion are supported by competent evidence. However, we remand to allow the

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Commission to make adequate findings of fact regarding plaintiff's compensable right knee condition, including the septic arthritis, the orthopedic aspects of the knee injury, and the right knee swelling as a result of the compensable injury apart from the lymphedema. Because we remand for further findings on these issues, we must also vacate the Commission's determination that plaintiff is no longer disabled due to a compensable injury and remand to allow for reconsideration once the Commission has made the necessary findings of fact regarding plaintiff's knee condition.

AFFIRMED IN PART; VACATED IN PART AND REMANDED.

Judges BRYANT and TYSON concur.

Report per Rule 30(e).