

**STATE OF VERMONT
DEPARTMENT OF LABOR**

Yuan Wang

Opinion No. 15-25WC

v.

By: Stephen W. Brown
Administrative Law Judge

University of Vermont

For: Kendal M. Smith
Commissioner

State File Nos. WW-55060 and YY-61868

OPINION AND ORDER

Hearing held via Microsoft Teams on May 20, 2025
Record closed on June 20, 2025

APPEARANCES:

Yuan Wang, Claimant, *pro se*
William J. Blake, Esq., for Defendant

ISSUES PRESENTED:

1. Did Claimant's bilateral knee pain and/or low back pain arise out of and in the course of her employment with Defendant on or about April 29, 2024 and/or May 21, 2024?
2. Are any of Claimant's claims for benefits time-barred by the statute of limitations?

EXHIBITS:

Joint Exhibit I:	Joint Medical Exhibit ("JME")
Claimant's Exhibit A:	Claimant's Appeal of Denials
Claimant's Exhibit C:	Medical Records
Claimant's Exhibit E:	2023 Job Performance Review
Claimant's Exhibit F:	Job Description
Claimant's Exhibit G:	Job Description
Claimant's Exhibit I:	Job Description
Claimant's Exhibit J:	Workability OT Initial Evaluation
Claimant's Exhibit K:	Email Concerning Ergonomic Evaluation
Claimant's Exhibit M:	Claimant's <i>Curriculum Vitae</i>
Claimant's Exhibit N:	Medical Records
Claimant's Exhibit O:	First Reports of Injury
Claimant's Exhibit P:	Medical Authorization
Claimant's Exhibit Q:	Job Description
Claimant's Exhibit R:	Emails from Claimant to Coworkers
Claimant's Exhibit S:	Performance Review

Claimant's Exhibit T:	Job Offer for New Duties, Effective May 1, 2023
Claimant's Exhibit U:	HR Letter Confirming Employee Status
Claimant's Exhibit V:	Mileage Expense Reimbursement Report
Claimant's Exhibit W:	Email Concerning Job Duty Assignments
Claimant's Exhibit X:	Email Concerning Work Assignments
Claimant's Exhibit Y:	Email Concerning Work Assignments
Claimant's Exhibit Z:	CHS Biolincc Inventory Protocol

CLAIM:

All workers' compensation benefits allowed by law

FINDINGS OF FACT:

1. Claimant is a 52-year-old woman who resides in South Burlington, Vermont. She obtained a medical degree in China in 1997 and came to the United States the following year to earn a master's degree in clinical chemistry from the Rochester Institute of Technology. Claimant practiced medicine in China for approximately one year but is not licensed to practice medicine in the United States.

Claimant's Employment with Defendant

2. Claimant began working for Defendant in 2001 as a research technician in molecular physiology, with a focus on the heart musculature. Eventually, she was promoted to the position of senior research technician. Her job duties included using a microscope to examine research specimens, overseeing the laboratory, analyzing research data, and preparing data for publication. The most physically challenging aspect of her employment before May 2023 was standing over a microscope with an awkward posture. Most of her work was sedentary, sitting at a computer.
3. In May 2023, Claimant took a different position with Defendant as a non-senior research technician due to funding issues with her prior position. Her new position was in the Department of Medicine. This position was more physical than her prior position, requiring more frequent walking and heavier lifting.
4. Claimant's employment with Defendant ended in December 2024. As of the formal hearing date, she remained unemployed.

Claimant's Accepted Work Injury

5. On April 29, 2024, Claimant reported a right upper extremity injury arising out of and in the course of her employment with Defendant. Defendant accepted this injury as compensable and paid workers' compensation benefits accordingly.

Claims for Additional Work Injuries and Defendant's Denials

6. In addition to her claim for a right upper extremity injury, Claimant alleges that she suffered work-related injuries to her knees and low back. Defendant has denied benefits for these conditions on the grounds that they are not causally related to her employment. Specifically, Defendant asserts that these conditions were pre-existing and were not aggravated by Claimant's employment.

Claimant's Medical Condition Prior to and After her Reported Work Injuries

7. The first medical record in the Joint Medical Exhibit (JME) is dated April 3, 2012. It documents low back pain after sneezing, with a decreased range of motion, tenderness, and pain. (JME 1-2). The physical therapy note from the same date states that Claimant was working full time as a UVM researcher in cardiology. Her job required her to use a microscope. The provider wrote that it bothered Claimant's back to stand and bend forward to look through the microscope. (JME 5). Claimant's provider recommended physical therapy for her back pain, and she underwent an initial evaluation on April 3, 2012. (JME 4). However, a June 18, 2012 medical record indicates that physical therapy did not proceed because Claimant never appeared for her scheduled appointments. (JME 9). Claimant did not file a workers' compensation claim related to her 2012 complaints and treatment.
8. The next medical treatment reflected in the JME is from approximately three years later; in May 2015, Claimant complained of shoulder and neck pain while sleeping as well as back pain while washing dishes. (JME 11). At the time of these records, Claimant was a research technician at the University of Vermont, with job duties including mixing solutions, animal surgery, and computer work, all of which involved some neck flexion. (JME 12). Tenderness was noted throughout her thoracic spine. (*Id.*). Her medical records from this time noted that her symptoms were consistent with mechanical upper back and neck pain, with work activities reportedly placing a high level of strain on her neck. (JME 14). Claimant's providers recommended that she undergo physical therapy, but her records do not reflect that this occurred. Claimant did not file a workers' compensation claim related to her 2015 complaints and treatment.
9. The next medical treatment records in the JME date from approximately four years later. In March 2019, Claimant complained of low back pain with radiation down into her buttocks for about four weeks with "almost any movement" causing pain. (JME 16). Her medical records reflect "no injuries that she kn[ew] of" at that time. (*See id.*). Her providers assessed her with low back pain with sciatica at that time. Claimant participated in a course of physical therapy and underwent an MRI taken in April 2019, which showed mild disc degeneration at the L5-S1 level of her spine and a small fissure at the same level. (JME 35).
10. Claimant returned for additional back treatment on September 5, 2019, reporting that her symptoms had returned over the previous week. (JME 41). Claimant's medical records from this time reflect that she had recently "started a new position at work that has

required increased time spent over microscope. Patient attributes her new thoracic pain to this positioning.” (JME 41).

11. A physical therapy record from September 12, 2019 notes, that Claimant had brought a picture of her posture at her microscope at work; her position, according to this note, “require[d] extreme thoracic kyphosis and forward head.” (JME 46). The physical therapist recommended taking multiple “posture breaks” at work. (JME 47). Subsequent physical therapy notes continue to reference the microscope at work. The last physical therapy visit in 2019 was on October 23, 2019, with a formal discharge on March 31, 2020. (JME 58-60). The discharge record notes that Claimant was educated on the impact of her posture at work on her neck and back and that she understood that relationship. (JME 59). During the hearing, Claimant candidly testified that while she believed in 2019 that there was a causal relationship between her back complaints and her job, she made an intentional decision not to file a workers’ compensation claim at that time.
12. The next treatment record in the JME dates from approximately eighteen months later. Specifically, on October 6 and 11, 2021, Claimant presented with complaints of neck, right shoulder and clavicle pain due to working in a hunched over position with a microscope. (JME 61). She participated in physical therapy, and her provider wrote a note that she should not perform the microscope-related tasks of her employment for two months. (JME 62). Claimant was discharged from physical therapy on February 4, 2022 because her symptoms had improved. (JME 69). Claimant did not file a workers’ compensation claim for neck or shoulder pain at this time.
13. The next record of Claimant receiving treatment dates from approximately twenty-one months later. On November 3, 2023, Claimant returned to physical therapy with complaints of bilateral knee pain after walking up stairs. (JME 70). She also reported that while on a family visit to China, she underwent imaging studies that reportedly showed degeneration and fluid build-up in her knees. This medical record also states that Claimant was working as a technician at the University of Vermont and had been performing more physical labor since a change in her job duties in May 2023, with more carrying and lifting. (JME 71). Claimant continued a course of physical therapy for her knees and underwent an x-ray study on December 2, 2023. The x-rays found degenerative changes in both knees. (JME 89).
14. On January 31, 2024, Claimant reported a six-month history of bilateral knee pain with “insidious onset.” (JME 97). A right knee MRI performed on February 15, 2024 showed a chondral defect and a small joint effusion, and a left knee MRI from the same day also showed degenerative changes. (JME 99-102).
15. On April 9, 2024, Claimant presented with complaints of right elbow pain starting roughly eight months before, with activities such as lifting, carrying grocery bags, and wringing out a dish towel. She also reported lifting heavy towers at work. (JME 107).
16. On April 29, 2024, Claimant’s medical provider set a lifting restriction of no more than five pounds. (JME 119). Approximately one week later, Claimant’s occupational therapist noted that she was doing better, since she was no longer doing heavy lifting at

work. (JME 120). On May 20, 2024, her medical provider issued a light-duty work restriction. (JME 126).

17. By August 6, 2024, Claimant reported that her elbow felt better and that her right wrist pain was much better. (JME 196). Also on August 6, 2024, she was evaluated for primary osteoarthritis of both knees. (JME 200). She told her provider that she did not have bilateral knee pain prior to transitioning to a new role at work that required intensive physical labor. (*Id.*).
18. Claimant saw primary care physician Diane Hakey, MD, on August 13, 2024. Dr. Hakey wrote in her notes that Claimant had bilateral knee pain that Orthopedics thought was related to cartilage thinning and irregularities; she noted that Claimant felt it was work-related. (JME 206).
19. An MRI of Claimant's elbow on August 29, 2024 was normal, with tendons, ligaments, and cartilage intact and without evidence of tendinopathy. (JME 210). On September 17, 2024, Claimant presented for nerve conduction studies on her right upper extremity, but the studies were not performed because her symptoms had completely resolved. (JME 221).
20. On September 20, 2024, Claimant requested "permanent work restrictions" from her treating provider. (JME 223). The provider, physician assistant Jessica Savoy, explained that Claimant would need to undergo an independent medical examination for consideration of her future work capabilities. (JME 224).
21. On December 4, 2024, Claimant saw physician assistant Robert Hemond. PA Hemond wrote that Claimant's back and lower extremity symptoms were musculoskeletal in nature and that he had no further treatments to offer. From a spine perspective, PA Hemond thought that Claimant could participate in activities as tolerated. (JME 252). At the hearing, Claimant confirmed she was no longer treating for her low back condition or her knees except that she takes Tylenol.

Expert Opinion Concerning Claimant's Bilateral Knees and Low Back

22. Defendant presented expert testimony from Verne Backus, MD, concerning Claimant's knees and low back. Claimant did not offer expert testimony at the hearing.

Dr. Backus

23. Verne Backus, MD, is a board-certified occupational medicine physician. He graduated from Dartmouth Medical School and completed his occupational and environmental medicine residency at the Harvard School of Public Health. Dr. Backus has substantial experience with workplace injuries, and he is an experienced independent medical examiner.
24. On January 9, 2025, Dr. Backus performed an independent medical examination of Claimant at Defendant's request. (JME 253-291). Dr. Backus's examination included

interviewing Claimant, performing a physical examination, and reviewing her medical records. Dr. Backus noted Claimant's current complaints as a constant, dull, aching pain in her low back and both knees, exacerbated by activities and bending. (JME 279).

25. Dr. Backus diagnosed Claimant with bilateral knee degenerative joint disease and non-specific low back pain. (JME 288). As to causation, Dr. Backus offered his opinion, to a reasonable degree of medical certainty, that there is no causal relationship between Claimant's bilateral knee condition or her low back condition and her employment with Defendant. Specifically, in his opinion, Claimant did not sustain any trauma or injury at work, and her employment did not cause or aggravate her low back or bilateral knee conditions.

Knee Condition

26. Dr. Backus explained the basis of his causation opinion concerning Claimant's knees in his report and at the hearing. He explained that Claimant's MRI studies identified arthritis in both knees. The non-occupational risk factors for knee arthritis include age, family history, and female gender. Physical activity is not a risk factor, although physical activity may have a protective effect. Occupational risk factors for knee arthritis include some evidence that kneeling or squatting at work (such as to install carpet or flooring) may contribute to knee arthritis; however, there is insufficient evidence supporting any causal link between lifting, standing or walking and knee arthritis. Dr. Backus further explained that arthritis develops over time and that Claimant's arthritis did not suddenly begin in August 2023, a few months after she began a more physical job.
27. Dr. Backus's opinion is supported by his independent medical examination of Claimant, his review of her medical records, and his training and experience as an occupational medicine physician. Further, he cited the *AMA Guides to the Evaluation of Disease and Injury Causation (Second Edition)* to support his understanding of the occupational and non-occupational risk factors for knee arthritis. On this basis, I find Dr. Backus's opinion to be clear, objectively supported, and persuasive.

Low Back Condition

28. Dr. Backus also explained the basis of his causation opinion concerning Claimant's low back. He explained that Claimant's imaging studies from 2019 and 2024 both identified degenerative changes in the L5-S1 level of her spine, including cracks in the coating of her intervertebral discs and other age-related findings. Dr. Backus explained that low back pain is a common musculoskeletal condition and that radiographic changes consistent with lumbar spine degeneration are almost universal in adults. However, there is insufficient evidence in the medical research field that either minor trauma or ergonomic factors cause disc herniation or spinal degeneration. Based on his analysis and understanding of the medical literature, Dr. Backus offered his opinion that there is no objective medical evidence demonstrating that Claimant's work caused or aggravated the degenerative condition of her low back. He acknowledged that Claimant experienced low back pain while engaged in some work activities, but that does not demonstrate a causal relationship.

29. Dr. Backus's opinion is supported by his independent medical examination of Claimant, his review of her medical records, and his training and experience as an occupational medicine physician. On this basis, I find Dr. Backus's opinion to be clear, objectively supported, and persuasive.

End Medical Result

30. Notwithstanding the lack of a causal relationship between Claimant's employment, her low back condition, and her bilateral knee condition, Dr. Backus offered his opinion that additional treatment to these body parts was not likely to result in significant further improvement. Therefore, in his opinion, Claimant is at end medical result for her low back and bilateral knee conditions based on the definition of end medical result set forth in Workers' Compensation Rule 2.2000.

CONCLUSIONS OF LAW:

1. In workers' compensation cases, the claimant has the burden of establishing all facts essential to the rights asserted. *King v. Snide*, 144 Vt. 395, 399 (1984). He or she must establish by sufficient credible evidence the character and extent of the injury, *see, e.g., Burton v. Holden & Martin Lumber Co.*, 112 Vt. 17 (1941), as well as the causal connection between the injury and the employment. *Egbert v. The Book Press*, 144 Vt. 367 (1984).
2. Where the causal connection between employment and injury is obscure, and a layperson could have no well-grounded opinion as to causation, expert medical testimony is necessary. *Lapan v. Berno's Inc.*, 137 Vt. 393, 395-96 (1979). Expert medical testimony must meet a standard of reasonable probability or "a reasonable degree of medical certainty." *Campbell v. Heinrich Savelberg, Inc.*, 139 Vt. 31, 34 (1980).

Causal Connection Between Claimant's Knees and Low Back and her Employment

3. Claimant has been diagnosed with bilateral knee degenerative joint disease and non-specific low back pain. She experienced low back pain and knee pain both at work and outside of work. The issue here is whether her work activities caused or aggravated her low back and bilateral knee conditions. For a claim to be compensable, the work contribution to the injury need not be the sole causal factor; it is sufficient if the work injury is one of several contributing factors. *McNall v. Town of Westford*, Opinion No. 08-19WC (May 10, 2019).
4. In Vermont, a workplace injury is compensable if it "accelerates the progression of a pre-existing condition, or disrupts its stability such that an individual's ability to work and function is disabled[.]" *S. B. v. Homebound Mortgage*, Opinion No. 29-07WC (November 6, 2007). Thus, in the context of progressively degenerative conditions, the standard for causation is "whether, due to a work injury or the work environment, 'the disability came upon the claimant earlier than otherwise would have occurred.'" *Stannard*

v. Stannard Co., 2003 VT 52, ¶ 11. Importantly, the “[m]ere continuation or even exacerbation of symptoms, without a worsening of the underlying disability, does not meet the causation requirement.” *Id.*; see also *Goodwin-Abare v. State of Vermont Agency of Human Services*, Opinion No. 41-11WC (December 14, 2011) (“Nor is it enough that Claimant's job aggravated her symptoms. To be compensable, there must be proof that her work either caused or accelerated the underlying condition itself.”).

5. Here, Defendant offered persuasive testimony from occupational medicine physician Verne Backus, MD, that there is no causal relationship between Claimant’s low back or bilateral knee conditions and her employment. Specifically, in Dr. Backus’s credible opinion, Claimant’s employment neither caused nor aggravated her underlying degenerative conditions. While she experienced back and knee pain at work and outside of work, there is no evidence that work worsened her underlying disability. Claimant has offered no countervailing expert medical testimony.
6. Claimant has the burden of proof on causation. It is not sufficient that her work *might* have caused or aggravated her symptoms. To be compensable, there must be proof to a reasonable degree of medical certainty that her employment *actually did* cause or accelerate the underlying condition itself. See *Stannard v. Stannard Co., Inc.*, 175 Vt. 549, 552 (2003). That proof was lacking here. Accordingly, I conclude that Claimant has failed to establish the compensability of her low back or bilateral knee conditions.

Statute of Limitations for Claimant’s Low Back Claim

7. Defendant also contends that the statute of limitations bars Claimant’s low back claim as untimely. Because the statute of limitations is an affirmative defense, Defendant bears the burden to establish its application. See, e.g., *Fucci v. Moseley & Fucci Assocs., Ltd.*, 170 Vt. 626, 627 (2000) (“The burden of proving that a claim is barred by the statute of limitations rests on the party asserting the defense”). Because Claimant has failed to present evidence that would sustain her burden of proof on the essential element of medical causation, her claim fails irrespective of the statute of limitations. Accordingly, I need not resolve the merits of Defendant’s limitations defense as it relates to Claimant’s disputed low back condition.

End Medical Result

8. Defendant also contends that Claimant has reached end medical result for her disputed low back and bilateral knee conditions. See Finding of Fact No. 30 *supra*. The Department’s Rules define “end medical result” as “the point at which a person has reached a substantial plateau in the medical recovery process, such that significant further improvement is not expected, regardless of treatment.” Workers’ Compensation Rule 2.2000. The Vermont Supreme Court has held that the “proper test” of whether a person has reached end medical result is “whether the treatment contemplated at the time it was given was reasonably expected to bring about significant medical improvement.” *Brace v. Vergennes Auto, Inc.*, 2009 VT 49 ¶ 11.

9. However, because Claimant has not established the compensability of her low back or bilateral knee complaints, I need not determine whether she is at end medical result for these conditions.

ORDER:

Based on the foregoing findings of fact and conclusions of law, Claimant's claims for workers' compensation benefits for her bilateral knee condition and low back condition are hereby **DENIED**. These claims are dismissed with prejudice under both state file numbers.

DATED at Montpelier, Vermont this 30th day of October 2025.

Kendal M. Smith
Commissioner

Appeal:

Within 30 days after copies of this opinion have been mailed, either party may appeal questions of fact or mixed questions of law and fact to a superior court or questions of law to the Vermont Supreme Court. 21 V.S.A. §§ 670, 672.