ANDREA C. JOPLIN, Employee, v. UNIV. OF MINN., SELF-INSURED/SEDGWICK CLAIMS, Employer/Appellant, and EYE SURGEONS & PHYSICIANS and AMERICAN MOTORISTS INS. CO./KEMPER, Employer-Insurer, and PREFERRED ONE CMTY. HEALTH, HEALTHCARE RECOVERIES, INC., BLUE CROSS/BLUE SHIELD OF MINN., LITTLE FALLS ORTHOPEDICS, and ST. CLOUD SURGICAL CENTER, Intervenors.

WORKERS' COMPENSATION COURT OF APPEALS
APRIL 24, 2001

No. [REDACTED SSN]

HEADNOTES

CAUSATION - SUBSTANTIAL EVIDENCE; MEDICAL TREATMENT & EXPENSE - SUBSTANTIAL CONTRIBUTING FACTOR. Where issues in the case essentially required of the judge a credibility determination and a choice between opposing medical experts, the compensation judge's award of disability and medical benefits for a left shoulder injury was not clearly erroneous and unsupported by substantial evidence, although the judge's award included benefits for disability and treatment post-dating several subsequent surgeries and a new work injury several years later, and although the judge failed to address in any detail in his decision the nature and extent of the employee's original injury or to delineate the role that the employee's congenital pre-disposition played in her injury and continuing condition.

Affirmed.

Determined by Pederson, J., Wilson, J., and Wheeler, C.J.
Compensation Judge: Bradley J. Behr

OPINION

WILLIAM R. PEDERSON, Judge

The self-insured employer appeals from the Findings and Order of the compensation judge on grounds that the judge's decision fails to include a determination of all contested issues and fails to reveal the specific and reviewable basis for his ultimate decision. We affirm.

BACKGROUND

On February 8, 1996, Andrea C. Joplin was beginning the third year of her medical residency program in ophthalmology at the University of Minnesota.[1] As a resident attending the University of Minnesota [the University], Ms. Joplin [the employee] was assigned, for a portion of her clinical and surgical training, to Regions Hospital, on that date known as St. Paul Ramsey

[1] Pursuant to Minn. Stat. § 176.011, subd. 9(18), Ms. Joplin was considered an employee of the University of Minnesota.

Medical Center. In the early morning of February 8, 1996, the employee slipped and fell on ice as she was walking from her parked car to Regions Hospital.[2] According to her eventual testimony at hearing, the employee was carrying her briefcase in her left hand when her feet went out from under her. She extended her left arm behind her to catch herself but was unable to do so and landed on top of her left arm. The employee testified that she experienced pain in her left shoulder but did not immediately report the incident or seek medical treatment, as she thought the shoulder was just sore and needed some time.

About two weeks later, noting no improvement in her symptoms, the employee reported the incident to Eye Clinic Manager Diana Graves and to Department Chairman Dr. Daniel Nelson. The employee and Ms. Graves completed a form entitled "St. Paul-Ramsey Medical Center Incident Report Form." On that form, the employee provided an explanation of how the work injury had occurred. The employee testified that, when she completed the form, she had incorrectly indicated that she injured her right shoulder and that, when she realized her mistake, she wrote an L over the R to indicate the correct shoulder. On February 21, 1996, Ms. Graves evidently reported the employee's injury to a "Care Line" nurse at HealthPartners. In a form completed on that date, the recording nurse referenced the employee's fall on the ice on February 8, 1996, and noted the employee's report that she was having problems holding a laser device at work. The HealthPartners form referenced complaints of right shoulder pain and identified the employee's problem as right shoulder pain. At trial, the employee testified that she was unaware of the Care Line Report until the time of her deposition in March 1999. She testified that she had advised Ms. Graves and Dr. Nelson of a left shoulder injury and that the reference to right shoulder complaints in the Care Line Report was in error.

On February 29, 1996, the employee sought medical treatment with orthopedist Dr. Desiree Kempcke. Dr. Kempcke obtained a history of a slip and fall on ice with a resulting injury to the left upper extremity. Dr. Kempcke made no reference to any right shoulder complaints. The employee complained of pain associated with her activities as an ophthalmologist, which sometimes required her to hold her arm for extended periods of time at ninety degrees of abduction and her shoulder in internal rotation. Dr. Kempcke diagnosed a shoulder strain or a rotator cuff contusion as a result of the fall. She recommended a course of anti-inflammatory medications and home physical therapy for motion and strengthening. Left shoulder x-rays were reported as normal.

On April 26, 1996, the employee returned to Dr. Kempcke with continued symptoms, exacerbated by many of the procedures she performed at work. Dr. Kempcke injected the left shoulder subacromial space with Lidocaine and Aristocort and provided a prescription for physical therapy for instruction in a home shoulder program. Because of ongoing symptoms, the employee underwent an MRI of her left shoulder on November 5, 1996. The MRI was read as negative, and Dr. Kempcke referred the employee to orthopedist Dr. James Gannon for consideration of shoulder arthroscopy or other treatment modalities.

[2] There is no dispute between the parties over the fact that the incident occurred and that "any injury sustained as a result of this fall arose out of and in the course of employment with the University." See Stipulation #3.

On November 26, 1996, the employee presented with her symptoms of persistent left shoulder pain to Dr. Gannon. Dr. Gannon obtained a history of the employee's fall on her left shoulder in February of 1996 and of her persistent difficulties despite the passage of time, physical therapy, the shoulder injection, and oral anti-inflammatories. Her main complaint was difficulty holding her arm in an abducted position throughout the day to perform exams. Dr. Gannon diagnosed persistent left shoulder cuff tendinitis and provided a repeat steroid injection and a referral for physical therapy. The employee continued to see Dr. Gannon into the spring of 1997 and underwent additional diagnostic tests. On May 21, 1997, Dr. Gannon's assessment was mild impingement symptomatology with known anterior glenoid labrum degeneration, and he provided the employee with a third left shoulder subacromial injection.

On July 9, 1997, the employee was seen in consultation by shoulder specialist Dr. Daniel Buss, to whom she reported several recent episodes of severe pain associated with her shoulder catching. Dr. Buss diagnosed a probable superior or anterior/superior labral pathology with catching symptoms and recommended a diagnostic arthroscopy, which was performed on July 19, 1997. The operative report indicates that the left shoulder was arthroscoped and the labrum debrided, and the employee was found to have a post-traumatic detachment of the middle glenohumeral ligament.

On August 22, 1997, the employee reported to Dr. Buss that she had a slipping sensation in the left shoulder that seemed to be increasing. She was referred back to Dr. Gannon, who prescribed a shoulder stabilizing brace and an EMG to evaluate nerve function. The EMG, performed on August 28, 1997, was interpreted as normal. On October 3, 1997, the employee reported to Dr. Gannon that she had been experiencing persistent giving way and subluxation episodes in her shoulder despite continued physical therapy and use of her brace. On October 23, 1997, Dr. Buss suggested that conservative treatment options had been exhausted, and he recommended additional surgery.

Dr. Buss performed the employee's second surgical procedure on December 12, 1997. The surgery was described as a left shoulder arthroscopic Bankart reconstruction with a thermal capsulorrhaphy and arthroscopic subacromial decompression. The employee missed about one week from work as a result of the surgery. She subsequently testified that her symptoms gradually improved and resolved entirely by the fifth week following surgery. However, in February 1998, in the course of a rather strenuous physical therapy session, her shoulder joint was pulled, causing the ball to essentially slip out of the socket. When this occurred, the employee felt a recurrence of the same left shoulder pain that she had previously experienced.

The employee returned to see Dr. Gannon on May 7, 1998, complaining of persistent catching or burning in the anterior aspect of the shoulder. Dr. Gannon again injected the subacromial space and advised the employee to continue use of anti-inflammatories as tolerated. On June 18, 1998, the employee saw Dr. Buss and was referred by him for an additional MRI of the left shoulder. The MRI, performed on June 30, 1998, was interpreted as showing evidence of a residual tear of the anterior labrum.

Because of her continuing symptoms, the employee sought additional orthopedic opinions regarding her shoulder. On August 6, 1998, she saw Dr. Buss's associate, Dr. D. Daniel

Rotenberg. Dr. Rotenberg diagnosed her condition as status post arthroscopic anterior stabilization and capsulorrhaphy with continued symptoms of instability. He was hopeful that her condition would continue to improve with physical therapy, and he did not recommend further operative intervention in her case. On August 17, 1998, the employee also obtained a consultation with orthopedic surgeon Dr. Edward Craig. Dr. Craig diagnosed status post surgical repair of shoulder instability with residual rotator cuff irritation and tendinitis, and he recommended continued physical therapy.

On September 25, 1998, the employee was referred to orthopedist Dr. Philip Prosapio. Dr. Prosapio reviewed the employee's history, the operative report of December 12, 1997, and the films and report of the June 30, 1998, MRI scan. Dr. Prosapio recommended additional physical therapy and possibly an interarticular injection. The employee subsequently underwent a CT scan of the left shoulder on October 6, 1998, and an injection by Dr. Prosapio on October 12, 1998. On December 17, 1998, the employee underwent a third surgical procedure, performed by Dr. Prosapio--a left shoulder examination under anesthesia, an arthroscopic glenoid labral repair, and an open anterior/inferior capsular shift. Following this third surgery, the employee missed about four weeks of work. The employee testified that her symptoms improved following this procedure but that she never became symptom free.

On January 11, 1999, the employee filed a Claim Petition, seeking temporary total disability benefits consequent to her alleged work-related left shoulder injury of February 8, 1996. The petition named the University of Minnesota and Regions Hospital as the employee's employer on February 8, 1996. The University admitted that the employee was in its employ on February 8, 1996, but it denied that she sustained an injury on that date or that she provided notice of any injury. Regions Hospital denied primary liability, asserting that the employee was not its employee, and Regions Hospital has been subsequently dismissed from the case.

In February of 1999, the employee was walking her dog when the dog pulled forward on the leash, jerking her left arm out in front of her. The employee experienced an increase in her symptoms, but she did not make any special appointments to return to see her physician regarding the incident, and, according to her eventual testimony, after about three or four weeks her pain returned to base-line level.

On April 20, 1999, the employee was seen for an orthopedic evaluation by Dr. Mark Friedland, at the request of Regions Hospital. Dr. Friedland diagnosed congenital bilateral shoulder laxity with multidirectional instability of both shoulders. He also diagnosed "status post left shoulder minimal anterior labral tear and partial tearing of the middle glenohumeral ligament with three subsequent surgical procedures to the left shoulder." In his report, Dr. Friedland opined that if the employee had fallen onto her right shoulder rather than her left shoulder her left shoulder problems would be unrelated to the slip and fall incident. He stated further, "In fact, this could be supported by the evidence of bilateral multidirectional shoulder instability which is a congenital condition." Dr. Friedland also concluded, however, that if the employee's history of a fall on her left shoulder was correct, then "this fall and injury to the left shoulder was most probably a substantial and material contributing cause to her further left shoulder problems." He opined that the slip and fall incident did result in the employee's minor anterior labral tear and partial-thickness tearing of the middle glenohumeral ligament, which in turn resulted in the need for further care

and treatment of her left shoulder including the physical therapy and surgical procedures performed. Dr. Friedland concluded that the employee was predisposed to injury of her left shoulder as a result of her congenital laxity and multidirectional instability.

Later on that same date, April 20, 1999, while employed as a surgeon with Eye Surgeons and Physicians [Eye Surgeons], the employee sustained an admitted work-related injury to her left shoulder when it became necessary to re-glove her left hand in the course of surgery. As an assistant snapped off the glove, the movement pulled her arm back, and she experienced a sharp pain in the anterior portion of her left shoulder. This pain was located a bit below where she had previously experienced pain. The employee did not immediately report the incident, opting instead to see if her symptoms would subside on their own. Unfortunately, her symptoms did not improve, and on May 14, 1999, she mentioned the incident to Dr. Prosapio.

The employee was also seen for an orthopedic evaluation by Dr. David Boxall at the request of the University. In his report of May 4, 1999, Dr. Boxall also concluded that, if the employee's history was true and correct, it was his opinion "that she did sustain an episode of subluxation of the left shoulder as a result of the incident when she fell [on] February 8, 1996." He also opined that the fall "resulted in the instability symptoms of her left shoulder and injury to the middle glenohumeral ligament which would be consistent with those symptoms."

The employee continued to treat with Dr. Prosapio through the remainder of 1999. Because of ongoing left shoulder symptoms, the employee underwent her fourth surgery on the left shoulder on January 6, 2000.[3] Dr. Prosapio's diagnosis prior to surgery had been of a subscapularis rupture, left shoulder, and his surgical procedure involved a diagnostic arthroscopy and open subscapularis repair. The employee missed a week of work following this surgery. Eye Surgeons and its workers' compensation insurer paid the employee's medical expenses and wage loss benefits pursuant to a Temporary Order issued February 28, 2000. By Order issued that same date, this employer and insurer were also joined as a party to the pending action.

On March 8, 2000, the employee was seen by Dr. Joseph Teyner at the request of Eye Surgeons and its insurer. In a report on that same date, Dr. Teyner diagnosed congenital multi-directional instability of the shoulders. He related the onset of the employee's left shoulder problems to her fall on February 8, 1996, but stated "the laxity that became apparent in time of the shoulder was all from a congenital basis." He also opined, however, that the employee's fall aggravated the pre-existing congenital elasticity of her shoulders and probably produced a small labral tear.

Dr. Prosapio testified by deposition on June 5, 2000. He opined that the slip and fall injury of February 8, 1996, was "the primary cause of [the employee's] initial treatment regimen and surgeries." Of significance to Dr. Prosapio in rendering this opinion was the understanding that prior to February 8, 1996, the employee had had no trouble with either shoulder. Dr. Prosapio also testified that the glove incident of April 20, 1999, led to the employee's subscapularis tendon rupture and her need for the employee's fourth surgery. He concluded that

[3] The employee had also undergone right shoulder surgery on June 24, 1999, which is not material to our analysis here.

the 1996 injury was a substantial contributing factor in the employee's need for treatment, need for surgery, and time lost from work after April 20, 1999. This opinion was based in part on the scarring that was present as a result of the employee's first three surgeries.

Dr. Boxall issued an additional report on June 15, 2000. Based on the information provided in the St. Paul Ramsey Medical Center Incident Report Form and the HealthPartners Care Line Report, Dr. Boxall concluded that the injury in February of 1996 was temporary in nature. He was also of the opinion that the glove incident of April 20, 1999, did not result in a specific injury. Lastly, he concluded that the employee has generalized ligamentous laxity and multi-directional instability of both shoulders unrelated to her work activities.

The matter came on for hearing on June 27, 2000. Issues at hearing included whether the employee had sustained a work-related injury to her left shoulder on February 8, 1996, and, if so, the nature and extent of the injury, whether the injury substantially contributed to her need for medical treatment from February 8, 1996, to April 19, 1999, whether the employee was temporarily totally disabled as a substantial result of the injury from December 12 to December 19, 1997, and/or from December 17, 1998, to January 18, 1999, and whether the alleged injury of February 8, 1996, substantially contributed to her need for left shoulder treatment after April 20, 1999, and/or to her wage loss from January 6 to January 14, 2000. At the hearing, the employee testified that prior to February 8, 1996, she had no problems with left shoulder pain. Except for a brief period, approximately five weeks after her second surgery, the employee testified that there were no significant periods between February 8, 1996, and the date of trial during which she was symptom-free.

In Findings and Order filed July 25, 2000, the compensation judge determined that the employee was a credible witness, and he accepted her testimony that she sustained an injury to her left shoulder as a result of the slip and fall on February 8, 1996. The judge determined further that the injury of February 8, 1996, substantially contributed to the employee's need for surgery and to the periods of temporary total disability following her surgeries of December 12, 1997, and December 17, 1998. Finally, the judge adopted the opinion of Dr. Prosapio, that as a result of the first three surgeries, particularly the December 17, 1998, surgery, the employee's shoulder was somewhat weakened and at increased risk of further injury. The judge therefore concluded that the left shoulder injury of February 8, 1996, was a substantial contributing factor in the employee's need for medical treatment after April 20, 1999, her January 6, 2000, surgery, and her subsequent temporary total disability. The University appeals.

STANDARD OF REVIEW

In reviewing cases on appeal, the Workers' Compensation Court of Appeals must determine whether "the findings of fact and order [are] clearly erroneous and unsupported by substantial evidence in view of the entire record as submitted." Minn. Stat. § 176.421, subd. 1 (1992). Substantial evidence supports the findings if, in the context of the entire record, "they are supported by evidence that a reasonable mind might accept as adequate." Hengemuhle v. Long Prairie Jaycees, 358 N.W.2d 54, 59, 37 W.C.D. 235, 239 (Minn. 1984). Where evidence conflicts or more than one inference may reasonably be drawn from the evidence, the findings are to be affirmed. Id. at 60, 37 W.C.D. at 240. Similarly, "[f]actfindings are clearly erroneous only if the

reviewing court on the entire evidence is left with a definite and firm conviction that a mistake has been committed." Northern States Power Co. v. Lyon Food Prods., Inc., 304 Minn. 196, 201, 229 N.W.2d 521, 524 (1975). Findings of fact should not be disturbed, even though the reviewing court might disagree with them, "unless they are clearly erroneous in the sense that they are manifestly contrary to the weight of the evidence or not reasonably supported by the evidence as a whole." Id.

DECISION

In Finding 1, the compensation judge found that "[t]he employee proved by a preponderance of the evidence that she sustained a personal injury to her left shoulder as a result of the slip and fall on 2/8/96." On appeal, the University argues that Finding 1 is "fatally flawed" in that the judge's ultimate conclusion regarding causation is unsupported by any specific and reviewable findings of fact. It contends also that the judge failed to issue any findings of fact regarding the nature and extent of the claimed work injury of February 8, 1996, or what role the employee's congenital condition played in his ultimate causation finding. The judge's failure to issue findings of fact on a contested issue in a workers' compensation case, it contends, constitutes an error under Minn. Stat. § 176.371, thereby requiring a remand for reconsideration and appropriate findings and order.[4] We are not persuaded.

In resolving the factual dispute before him, the judge was first required to determine whether the employee fell on her right or left shoulder on February 8, 1996. Resolution of that issue was ultimately based on an assessment of witness credibility. At Finding 3, the judge specifically found the employee to be a credible witness. Although the judge issued no additional factual findings on the causation issue, he did delineate the reasons for his decision and discussed the employee's credibility in his memorandum. On page 6 of his decision, the judge made specific reference to the history provided to Dr. Kempcke on February 29, 1996, and concluded that it was consistent with the employee's testimony and with the history that the employee had given to all examining physicians since that time. He also stated:

> The employee was a credible witness and her testimony was supported by the preponderance of the evidence. She did not seek treatment for any right shoulder difficulties until more than one year after her fall, but did seek treatment for the left shoulder within three weeks. She explained the muddled description of her injury on the incident report and that she did not participate in the careline report. Her description of her difficulties while performing laser surgery

[4] Minn. Stat. § 176.371 provides, in pertinent part,

> The compensation judge's decision shall include a determination of all contested issues of fact and law and an award or disallowance of compensation or other order as the pleadings, evidence, this chapter and rule require. A compensation judge's decision shall include a memorandum only if necessary to delineate the reasons for the decision or to discuss the credibility of witnesses. A memorandum shall not contain a recitation of the evidence presented at the hearing but shall be limited to the compensation judge's basis for the decision.

> was logical and uncontradicted. The employee has proven her claim of a left shoulder injury on 2/8/96 by a preponderance of the evidence.

Assessment of the credibility of a witness is the unique function of the trier of fact. Brennan v. Joseph G. Brennan, M.D., 425 N.W.2d 837, 41 W.C.D. 79 (Minn. 1988). Where evidence is conflicting or more than one inference may reasonably be drawn from the evidence, the findings of the compensation judge are to be upheld. Redgate v. Sroga's Standard Serv., 421 N.W.2d 729, 40 W.C.D. 948 (Minn. 1988). We conclude that substantial evidence supports the judge's finding that the employee sustained an injury to her left shoulder arising out of and in the course of her employment on February 8, 1996.

As to the issue of the nature and extent of the employee's injury of February 8, 1996, we note that it is the compensation judge's responsibility, as trier of fact, to resolve conflicts in expert testimony. Nord v. City of Cook, 360 N.W.2d 337, 37 W.C.D. 364 (Minn. 1985). The University argues that the judge failed to determine whether the employee's left shoulder injury was permanent or temporary in nature. We do not agree. Although the judge did not issue a specific finding describing the injury in those terms, and while some reference to the evidence that he accepted would have been helpful, the judge undoubtedly concluded that the injury was permanent. At Finding 4, he determined that the 1996 injury substantially contributed to the employee's subsequent need for surgery and consequent periods of temporary total disability.[5] At Finding 5, he determined that the employee's 1996 injury was a substantial contributing factor in her need for medical treatment after her injury of April 20, 1999, in her surgery of January 6, 2000, and in her subsequent temporary total disability. The judge noted in his memorandum that, in this regard, he specifically adopted the opinions of Dr. Prosapio. Implicit in this statement is his

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[5] Finding 4 is supported not only by the testimony of the employee and Dr. Prosapio but also by the reports of Dr. Friedland and Dr. Boxall. In his report of April 20, 1999, Dr. Friedland stated:

> Assuming that Dr. Joplin did indeed fall on her left shoulder as she claims, it is my opinion that this fall and injury to the left shoulder was most probably a substantial and material contributing cause to her further left shoulder problems. In spite of the fact that she does have evidence of bilateral shoulder multidirectional instability, if one assumes that Dr. Joplin's history as provided to me is correct, it would be my opinion that this slip and fall incident of February 8, 1996 did result in the minor anterior labral tear and partial-thickness tearing of the glenohumeral ligament that resulted in need for further care and treatment of her left shoulder including the physical therapy and surgical procedures performed.

Similarly, in his report of May 4, 1999, Dr. Boxall concluded:

> Based solely on her history and assuming it to be true and correct, it would be my opinion that she did sustain an episode of subluxation of the left shoulder as a result of the incident when she fell February 8, 1996. It would be my opinion that this resulted in the instability symptoms of her left shoulder and injury to the middle glenohumeral ligament which would be consistent with those symptoms.

rejection of opposing expert opinions. It is also clear that, had he determined that the employee's 1996 injury was temporary in nature, the judge would not have concluded that it was a substantial contributing factor in her disability after her injury of April 20, 1999. A compensation judge is not required to relate or discuss every piece of evidence introduced at the hearing. Braun v. St. John's Univ., slip. op. (W.C.C.A. July 20, 1992); see Rothwell v. State, Dep't of Natural Resources, slip. op. (W.C.C.A. Dec. 6, 1993) (the fact that the compensation judge did not recite all medical evidence favoring the appellant's position in the findings and order does not establish that that evidence was overlooked).

The University also contends that the findings of the compensation judge are flawed in that they are silent on the question of the role that the employee's congenital condition played in the judge's ultimate causation finding. We disagree. The question here, we believe, is whether the injury of February 8, 1996, was a substantial contributing factor in the employee's need for medical treatment, surgery, and consequent disability. It is not necessary for the employee to show that her fall in 1996 was the sole cause of her diagnosed shoulder disability. It is only necessary that she show that her fall was a "legal cause" of the disability--that is, an appreciable or substantial contributing cause. See Roman v. Minneapolis St. Ry. Co., 268 Minn. 367, 129 N.W.2d 550, 23 W.C.D. 573 (1964). It is also well settled that injuries are compensable if the employment is a substantial contributing factor not only in causing a new condition but also in aggravating or accelerating a pre-existing condition. Wallace v. Hanson Silo Co., 305 Minn. 395, 235 N.W.2d 363, 28 W.C.D. 79 (1975). In the instant case, the judge was aware that one of the employee's agreed-upon diagnoses is a congenital shoulder laxity or multidirectional instability. He was also aware of the University's contention that the employee's shoulder problems after April 20, 1999, were due solely to the employee's congenital predisposition and/or to the incidents with the dog leash and the surgical re-gloving. The employee testified that she had experienced no problems with her left shoulder prior to February 8, 1996. Dr. Prosapio testified that he found this history significant, and the compensation judge reasonably relied on Dr. Prosapio's opinions. In our view, no further discussion of the employee's congenital shoulder laxity was necessary.

In Brown v. Pueringer Distrib., 56 W.C.D. 176 (W.C.C.A. 1996), this court held that a compensation judge's failure to make specific findings on certain issues in the findings section of the decision did not require remand where the judge thoroughly addressed the issues in his memorandum. In Brown, the court stated that "no 'tortured inference' [was necessary] to ascertain the judge's conclusions or an intent, and we see no reason to remand the matter just to allow the judge to move his conclusions from his memorandum to the 'findings' section of his decision." Brown, 56 W.C.D. at 188-89. The University argues that the instant case is distinguishable from Brown, in that that portion of the judge's memorandum that addresses the February 8, 1996, injury, contains no conclusion regarding the question of whether the employee's claimed left shoulder injury was temporary or permanent in nature. Further, it contends, none of the medical evidence is discussed, and there is no indication from the judge as to which of the various medical opinions he accepted regarding the nature and extent of the employee's claimed left shoulder injury or as to on what accepted evidence he made that determination. Nor does the memorandum address the role that the employee's pre-existing congenital condition may have played in the judge's ultimate determination. We are not persuaded.

In the instant case, the primary issue before the compensation judge was whether the employee sustained an injury to her left shoulder as a result of her slip and fall on February 8, 1996. The judge unequivocally found that such an injury occurred, and his finding in this regard is amply supported by the evidence. The judge then determined that the employee's left shoulder injury was a substantial contributing factor in her need for medical treatment between February 8, 1996, and April 19, 1999. Again, substantial evidence supports the judge's determination in this regard. The University asserted that, based on the medical opinions, the employee's injury would have been a temporary injury, responsible at most for her first three surgeries. The testimony of the employee and Dr. Prosapio, as well as the reports of Drs. Friedland and Boxall, support the judge's conclusion that the employee's slip and fall substantially contributed to her need for the claimed medical treatment and to her brief periods of temporary total disability following her second and third surgeries. Finally, the judge was required to determine whether the 1996 injury was a substantial contributing factor in the employee's need for medical treatment and disability after April 20, 1999. In finding that it was, the compensation judge specifically relied on the expert medical opinions of Dr. Prosapio. The resolution of conflicts in expert testimony is normally left to the compensation judge as trier of fact. See Nord v. City of Cook, 360 N.W.2d 337, 37 W.C.D. 364 (Minn. 1985).

The issues in this case essentially required a credibility determination and a choice between opposing expert opinions. Because the conclusions, intent, and factual determinations of the compensation judge are clearly discernable from his findings, order, and memorandum, and because they are amply supported by substantial evidence in the record, we affirm. Hengemuhle v. Long Prairie Jaycees, 358 N.W.2d 54, 37 W.C.D. 235 (Minn. 1984).