JOSEPH LENTZ, Employee/Appellant, v. CORP. EXPRESS and GAB ROBINS, Employer-Insurer, and NORTH METRO SPINECARE SPECIALISTS, P.A., Intervenor.

WORKERS' COMPENSATION COURT OF APPEALS
FEBRUARY 9, 2001

No. [REDACTED SSN]

HEADNOTES

TEMPORARY BENEFITS - FULLY RECOVERED. Where the employee's active rehabilitation therapy had been discontinued and his neurological system had been found to be essentially normal, by physicians to whom the employee had been referred by his own treating chiropractor, and where the judge's decision was not unreasonable in light of the employee's objective clinical and radiologic/diagnostic findings, the judge's conclusion that the employee's work injury had resolved no later than November 12, 1999, was not clearly erroneous and unsupported by substantial evidence.

MEDICAL TREATMENT & EXPENSE - TREATMENT PARAMETERS; RULES CONSTRUED - MINN. R. 5221.6050. Provisions of Minn. R. 5221.6050, subp. 9.C., of the Treatment Parameters become applicable to entitle an employee to continuing medical benefits only to the extent that the treatment at issue is otherwise reasonable and necessary and causally related to the work injury, pursuant to Minn. Stat. § 176.135.

MEDICAL TREATMENT & EXPENSE - CHIROPRACTIC TREATMENT; MEDICAL TREATMENT & EXPENSE - REASONABLE & NECESSARY. Where it was not unreasonable in light of medical examination records, the employee's own testimony, and the opinions of medical experts, the judge's denial of all treatment expenses after August 11, 1999, was not clearly erroneous and unsupported by substantial evidence.

Affirmed.

Determined by Pederson, J., Wheeler, C.J., and Johnson, J.
Compensation Judge: Joan G. Hallock

OPINION

WILLIAM R. PEDERSON, Judge

The employee appeals from the compensation judge's conclusions that the employee's work injury fully resolved no later than November 12, 1999, and that the employee is not entitled to payment of treatment expenses after August 11, 1999. We affirm.

BACKGROUND

On May 13, 1999, Joseph Lentz sustained work-related injuries to his neck and lower back in the course of his employment as a truck driver with Corporate Express, when he attempted to slow a sliding pallet of products to prevent it from injuring another worker. Mr. Lentz [the employee] was forty years old at the time and was earning a weekly wage of $746.33. The following day, May 14, 1999, the employee received treatment from physician's assistant Mark Marshall at NowCare, Corporate Express's designated medical provider. On examination, Mr. Marshall made objective findings of "full range of motion in [the employee's] shoulders," "no tenseness or tenderness over the muscles in his neck," "relatively negative straight leg raising bilaterally," and "good full range of motion" in the low back. On those findings, Mr. Marshall diagnosed "[n]eck strain and muscular low back pain," prescribed physical therapy, and released the employee to return to work full time with restrictions against lifting or carrying over twenty pounds, pushing or pulling over fifty pounds, bending or twisting, and overhead reaching or stair climbing. Corporate Express [the employer] and its workers' compensation insurer accepted liability for a work injury and commenced payment of benefits.

On May 19, 1999, the employee saw chiropractor Dr. Clair McReynolds with complaints of acute, "sharp, stabbing" low back pain. Dr. McReynolds diagnosed acute lumbar sprain/strain, acute thoracic sprain/strain, and lumbar disc syndrome with radicular pain, ordered an MRI scan, prescribed a TENS unit, a "power lifter lumbar back brace," and home icing, and took the employee off work for a week. On June 4, 1999, the employee underwent the ordered MRI scan of his lumbar back, to assist in diagnosing the cause of his low back pain and right leg radiculopathy symptoms. The scan was read to reveal (1) mid to low back Scheuermann's changes, most prominent at L1-2 and L2-3, (2) a small left L4-5 foraminal disc herniation, with mild impingement on the left L4 nerve, but (3) "no right-sided stenosis or nerve root compression to account for right leg radiculopathy."

On June 15, 1999, the employee underwent an independent medical examination for the employer and insurer by Dr. Mark Friedland. Dr. Friedland concluded at that time that the employee had not yet recovered from his May 13, 1999, sprain/strain of the thoracolumbar spine, but the doctor anticipated that the employee would reach maximum medical improvement [MMI] by at least August 13, 1999. Also in his report, Dr. Friedland noted that the employee's complaints of mild, chronic, ongoing back discomfort were consistent with his diagnosis of Scheuermann's disease, which the doctor defined as a juvenile degenerative disc disease that begins in adolescence and results in premature degeneration of multiple intervertebral discs throughout the spine. Instead of continued passive chiropractic care, Dr. Friedland recommended an active rehabilitation program with physical therapy, restricting the employee from working more than four hours a day, from lifting more than ten pounds, and from doing any repetitive bending, twisting, or stooping.

The employee's complaints continued, and on June 29, 1999, he saw orthopedist Dr. Paul Crowe, on referral from Dr. McReynolds. In his report on July 7, 1999, Dr. Crowe indicated that the employee was being seen "for evaluation of right leg sciatic style pain." Having reported that the employee weighed three hundred thirty pounds, Dr. Crowe indicated that his examination had revealed normal motor power in the employee's legs, negative findings on straight leg raising, equal and symmetric reflexes, but "significant restriction of back range of

motion to half normal. He is a very heavy man." Dr. Crowe recommended against surgery based on the lack of evidence of right-sided nerve root compression on the MRI scan, and he prescribed medication and kept the employee off work for two more weeks.

On July 16, 1999, on referral from Dr. McReynolds, the employee saw Dr. Alison Coulter, who diagnosed mechanical low back pain, Scheuermann's Disease, and deconditioning syndrome. Dr. Coulter noted with regard to the latter that the employee "shows approximately a 36% deficit on today's testing when compared with a normal population," which "deficit is manifested by the [employee's] inability to do the normal activities of daily living." Dr. Coulter encouraged the employee to discontinue cigarette use, to decrease his weight, and to start a regular program of cardiovascular exercise. In addition, she recommended a nine-week, eighteen-visit active rehabilitation program, noting, however, that prognosis for improvement was guarded and emphasizing that the treatment would continue only so long as the employee showed measurable, objective improvement in function.

On August 3, 1999, Dr. McReynolds evidently wrote to the insurer, requesting approval of chiropractic treatment beyond the twelve weeks permitted under the workers' compensation Treatment Parameters. The following day, on August 4, 1999, the employer offered the employee a sedentary job as a customer service/office assistant, which the employee apparently accepted and began working at.

On August 13, 1999, after the employee had completed only six of his scheduled eighteen active rehabilitation visits, Dr. Coulter recommended that the employee discontinue both the active rehabilitation program and his passive therapies, concluding that the employee had shown no improvement. She indicated that "[t]he impression of every therapist that he has worked with here in the clinic has been that the [employee] is giving extremely poor effort and self-limiting throughout rehab." She reported that the employee's neurologic function in the lower extremities was normal on examination and that his range of motion was "difficult, if not impossible, to interpret because of marked inconsistency."

On August 17, 1999, again on referral from Dr. McReynolds, the employee was seen by pain specialist Dr. James Anderson, who found the employee to be "in no acute distress," of normal arm and leg motor strength, and of no lumbar paraspinal muscle spasm or tenderness. Dr. Anderson did note the employee's small foraminal disc herniation at L4-5 on the left and that with straight leg raising the employee had some radicular pain into the buttocks bilaterally and into his right thigh, finding it "unclear why the pain is more in the right leg when the disc herniation is off to the left." Dr. Anderson indicated that he would try to get approval for a trial of epidural injections. On August 19, 1999, the insurer wrote to Dr. McReynolds, refusing to approve of further chiropractic sessions, based on the reports of Drs. Friedland and Coulter.

The employee apparently worked at his sedentary job with the employer into September 1999, when Dr. McReynolds apparently took him back off work. Evidently at the insurer's request that the employee see a medical doctor, Dr. McReynolds referred the employee to Dr. Peter Dorsen, who examined the employee on September 21, 1999. Noting that there was no right-sided nerve compression evident on the employee's MRI to account for his right leg symptoms, Dr. Dorsen diagnosed only inflammation in the low back and prescribed medication,

concluding that radiologically evident changes "do not at this point appear to have neurological significance." Dr. Dorsen saw the employee again on September 27, 1999, and on October 11, 1999, on which date he changed the employee's medication and ordered pool treatment. On October 13, 1999, again on referral from Dr. McReynolds, the employee saw neurologist Dr. Rafael Magana. On examination, Dr. Magana found full range of motion in the employee's neck, with no muscle spasm, and a normal mid back. Regarding the employee's low back, he reported as follows:

> Examination of the low back reveals decrease[d] range of motion in all directions. Patient is mildly obese or perhaps more than mildly obese, however, there is spasm of the cervical paraspinal right worse than left. There is sciatic point tenderness right worse than left. Straight leg raising is very questionable in sitting and supine position which is a little bit difficult to interpret, but at the same time very understandable due to the patient's pain. He is afraid of extending the legs fully. In any event, [straight leg raising] is not a good tool to diagnose the patient's problem.

On November 2, 1999, the employee was examined a second time by Dr. Friedland, who reiterated most of the conclusions that he had rendered in his report of June 15, 1999. On examination of the employee's lumbar spine, Dr. Friedland found in part as follows:

> [The employee] would not forward flex at all. He would merely bend his knees, but would not flex his back claiming any movement of the back in a forward direction would cause low back pain. . . . There is . . . no evidence of muscular spasm or tenderness in the lumbar region, nor any sacroiliac or sciatic notch tenderness. Straight leg raising in the sitting position on the right at 90 [degrees] elicits a pulling sensation in the low back. He has no complaints with straight leg raising to 90 [degrees] on the left in the sitting position or bilaterally in the supine position. He has no complaints of radicular pain with sitting straight leg raising on the right.

Dr. Friedland concluded that the employee had a "normal neurologic examination of the lower extremities," that the employee's "subjective complaints can no longer be corroborated on physical examination," and that the employee "does have a significant element of functional overlay," noting the employee's complaints of severe pain without evidence of tenderness or muscular spasm and Dr. Coulter's report that the employee put forth extremely poor effort in his active rehabilitation. In keeping with that assessment, Dr. Friedland concluded that the employee had reached MMI by August 13, 1999, that he had been physically unrestricted since that date, and that he was subject to 0% permanent partial disability related to his low back under Minn. R. 5223.0390, subp. 3.A., based upon his lack of muscular spasm and his normal neurologic examination of the lower extremities.

Dr. Magana examined the employee again on November 3, 1999, finding in part his systems "[n]on-contributory," with straight leg raising "questionable." Dr. Friedland's MMI

report was served on the employee on November 12, 1999. An EMG that had been ordered by Dr. Magana, to rule out lumbar radiculopathy as a cause for the employee's complaints of low back and leg pain, was conducted on November 16, 1999, and found to be within normal limits. On that same date, November 16, 1999, the employer and insurer filed a Notice of Intention to Discontinue [NOID] temporary partial disability benefits based on the November 2, 1999, opinion of Dr. Friedland.

The employee saw Dr. McReynolds again on December 12, 1999, on which date he found reduced range of motion in the mid and low back and positive straight leg raising findings. On December 22, 1999, Dr. McReynolds concluded that the employee had "permanent and substantial injury as a result of his 5/13/99 accident." He indicated that the employee was permanently restricted from lifting, pushing, and pulling more than ten pounds, from repetitive bending or twisting, from repetitive bending of his neck, from prolonged sitting, from overhead lifting, and from driving for more than thirty minutes, indicating also that the employee needed to be able to sit and stand as required.

The matter of the November 16, 1999, NOID was heard by a compensation judge at an administrative conference under Minn. Stat. § 176.239 on December 28, 1999. On January 6, 2000, an order was issued by the judge denying the employer and insurer's request to discontinue benefits. On January 7, 2000, the employer offered the employee a full-time sedentary job as a Route Manifest Auditor, based on the restrictions issued by Dr. McReynolds on December 22, 1999. Six days later, on January 13, 2000, Dr. McReynolds updated the employee's restrictions to provide that he be able to sit or stand at will and that he not lift over ten pounds, drive for more than thirty minutes at a time, or work more than four hours in a day, not to exceed twenty hours in a week. The employee subsequently refused the employer's January 7, 2000, job offer based on the latter, work-hours restriction.

On January 27, 2000, the employer and insurer filed a Petition to Discontinue the benefits at issue. On January 31, 2000, the employee saw Dr. Magana again, who found him essentially normal neurologically but kept him off work three more weeks and prescribed continued medication for his pain. The doctor found the pain suggestive of short nerve root damage, as opposed to long root damage, there having been no evidence of the latter on the employee's EMG. On February 1, 2000, the employee faxed a copy of his restrictions to the employer, and on February 7, 2000, he began working in his wife's business at $6.00 an hour. Examinations by Dr. Magana again on February 22, 2000, and March 21, 2000, revealed essentially little change in the employee's condition.

The employer and insurer's Petition to Discontinue came on for hearing on April 19, 2000. Issues at hearing included whether the employee's work injury of May 13, 1999, resolved no later than November 12, 1999, with service of Dr. Friedland's report of November 2, 1999, and the employee's entitlement to payment of treatment expenses beginning August 12, 1999, the date at which Dr. Friedland placed MMI. At the hearing, the employee testified in part that he consistently received short term relief of his neck and mid back symptoms as a result of his treatment with Dr. McReynolds but that his low back symptoms always remained essentially unrelieved. By Findings and Order filed July 6, 2000, and amended July 18, 2000, the compensation judge concluded in part that the employee's work injury did resolve no later than

November 12, 1999, and that the employee, while entitled to payment for treatment through August 11, 1999, was not entitled to payment for claimed treatment from August 12, 1999, through March 23, 2000. The employee 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

Resolution of Injury No Later than November 12, 1999

At Finding 28, the compensation judge concluded that the employee's May 13, 1999, work injury resolved no later than November 12, 1999, by which date his "active therapy had been discontinued, his neurological exam was normal, his EMG was normal, and there appeared to be no objective findings to corroborate his complaints of pain." The employee asserts that the "primary basis for [the judge's] conclusion was that the Employee's subjective complaints had no correlation with objective findings." He quotes Mauer v. Big Lake American Legion, No. [REDACTED SSN] (W.C.C.A. May 7, 1997), to the effect that "[t]here is no requirement in the law that a causation opinion be supported by diagnostic tests or measurable objective findings." He argues that "to make a ruling of complete recovery and denial of wage loss benefits based on the lack of objective findings is clearly erroneous." Moreover, he argues, even if objective findings were required, Dr. McReynolds did make objective findings of muscle spasm, and even Dr. Friedland made objective findings of positive straight leg raising bilaterally and of both cervical and lumbar decreased range of motion. Furthermore, he argues, the judge did not, and should have, considered the following factors in making her decision: "the [employee's] valiant effort to save another human being from harm . . ., the fact that the Insurer underpaid the Employee until he retained counsel, the 6 NOIDs filed in a period of 8 months, an adverse examination within 30 days, a herniated disc with impingement, [and] how the injury occurred." We are not persuaded.

We would note initially that, with the potential exception of the herniated disc evident on radiological studies, we find the six factors just referenced to be of little relevance to the employee's condition on November 12, 1999, or to his claim for disability benefits based

thereon, causation of the injury having been admitted. While radiological evidence of a herniated disc might normally support a claim to benefits based on complaints of radicular low back pain, several of the examining doctors in this case, including the radiologist reading the June 4, 1999, MRI scan, voiced clear reluctance to find the herniation evidence in this case corroborative of the employee's claim, in that it did not explain or otherwise confirm disability in the employee's right leg, where most of his complaints were focused.

With regard to the employee's argument as to the presence of objective findings of spasm, limited range of motion, and positive leg raising tests, we would note first that the judge in this case credited the opinions of Drs. Friedland and Coulter over the opinion of Dr. McReynolds, rendering the latter's finding of spasm essentially moot. See Nord v. City of Cook, 360 N.W.2d 337, 342-43, 37 W.C.D. 364, 372-73 (Minn. 1985) (a trier of fact's choice between experts whose testimony conflicts is usually upheld unless the facts assumed by the expert in rendering his opinion are not supported by the evidence). There is no evidence that Dr. Friedland's opinion was based on any false premises. Moreover, the limitations in range of motion in which the employee places so much stock would have been reasonably assessed by Dr. Friedman to be limitations consequent to the employee's weight, particularly in light of the implication of Dr. Crowe's express statement in immediate follow-up of his restricted range-of-motion finding, that "[the employee] is a very heavy man."

Radiologic/diagnostic findings are even more unsupportive of the employee's claim and are further support for the compensation judge's decision. As we have already suggested, although the employee's low back pain does apparently extend bilaterally into his hips, the employee's more clearly radicular symptoms are evidently most pronounced in his right leg. In an express conclusion of the radiologist reading the scan, the employee's June 1999 MRI scan does not support a finding of structurally corroborated radiculopathy, or therefore structural injury, into his right leg. In addition, the employee's Scheuermann's disease is apparently very identifiable on his MRI scan. This disease pre-existed the employee's work injury and is evident on the scan most prominently in the upper ranges of the employee's low back, where the employee's treatment was evidently most effective. Dr. Friedland has reasonably associated this disease with the employee's chronic back pain, and there is little evidence that it was significantly aggravated by the employee's work injury, which was diagnosed from the start as a neck and low back muscular strain. Finally, the employee's November 1999 EMG findings corroborated the June 1999 MRI findings, to the extent that they were read to be within normal limits.

As the compensation judge also noted, by November 12, 1999, the employee's active rehabilitation therapy had been discontinued and his neurological system had been found to be essentially normal. Moreover, this recommendation and this finding were made by physicians--Drs. Coulter and Magana, respectively--to whom the employee had been referred by his own treating chiropractor. In light of these facts, and because it was also not unreasonable in light of the employee's objective clinical findings and his radiologic/diagnostic findings, and because the employee's other arguments do not pertain, we affirm the judge's conclusion that the employee's work injury had resolved no later than November 12, 1999. See Hengemuhle, 358 N.W.2d at 59, 37 W.C.D. at 239.

Treatment Expenses After August 11, 1999

The compensation judge also concluded, at Finding 31, that the employee's treatment from August 12, 1999, through March 23, 2000, "is not reasonable and necessary and is outside of the Treatment Parameters." The employee contests the judge's denial of payment for the treatment primarily on grounds that, pursuant to provisions of Minn. R. 5221.6050, subp. 9.C., of the Treatment Parameters, the insurer authorized the treatment by default at least through mid September by failing to respond in a timely manner to Dr. McReynolds's request for authorization. The employee argues that Dr. McReynolds wrote to the insurer on August 3, 1999, requesting departure from a durational treatment parameter and that the insurer not respond until August 19, 1999. The rule provides that the insurer "must respond [to the requesting health care provider]. . . within seven working days of receipt of the request" and that, if the health care provider in turn "does not receive a response . . . within the seven working days, authorization is deemed to have been given." Minn. R. 5221.6050, subp. 9.C. and 9.C.(1) (emphasis added). Regarding treatment after the middle of September 1999, the employee contends that substantial evidence does not support the judge's conclusion that the treatment at issue was not reasonable and necessary. We are not persuaded.

We have already affirmed the judge's conclusion that the work injury here at issue was fully resolved no later than November 12, 1999. Therefore any treatment after that date was not reasonable and necessary to cure or relieve the effects of that injury. Cf. Kautz v. Setterlin Co., 410 N.W.2d 843, 40 W.C.D. 206 (Minn. 1987) (an employee is not entitled to workers' compensation wage replacement or medical benefits where he or she is medically able to return to work without restrictions and has no residual disability). With regard to the employee's claim for payment of treatment expenses from August 12 through November 12, 1999, the provision of the Treatment Parameters from which the employee argues comes into play only if the treatment at issue was otherwise reasonable and necessary and causally related to the work injury. See Lehman v. Hy-Vee Food Stores, No. [REDACTED SSN] (W.C.C.A. Nov. 2, 1995) ("[t]he threshold question for determining whether treatment expenses are reimbursable, regardless of whether the treatment parameters are in effect, is . . . whether the treatment was reasonable and necessary to diagnose, cure, or relieve the effects of the work-related injury"); see also Neamy v. United Trailer Leasing, No. [REDACTED SSN] (W.C.C.A. May 18, 1995) ("even if the treatment parameters are applicable, an employee continues to have the burden of proving that requested treatment is reasonable and necessary under Minn. Stat. § 176.135"), citing Bivens v. Independent Sch. Dist. #625, No. [REDACTED SSN] (W.C.C.A. Oct. 24, 1994). We conclude that it was not unreasonable for the compensation judge to find that the employee's treatment from August 11, 1999, through November 12, 1999, was not reasonable and necessary and causally related to his May 13, 1999, work injury.

The judge supported her denial of treatment expenses with findings that "[t]he employee had no objective clinical findings to justify the care given during this period of time," that "the employee testified that he got only one day to one week of relief from the treatment and that it did not help his lower back at all," and that "[b]oth Dr. Coulter and Dr. Friedland recommended that all care be stopped as of August 12/13, 1999." We find these conclusions reasonably accurate and substantially supportive of the judge's denial of the treatment benefits at issue.

We have to some extent already addressed the lack of objective clinical findings during the period at issue. On June 29, 1999, about a month and a half prior to the date at which the judge terminated payment of treatment expenses, Dr. Crowe, on referral from the employee's own chiropractor, Dr. McReynolds, found the employee to have normal leg motor power, negative findings on straight leg raising tests, and equal and symmetric reflexes in his legs. Although the doctor found a significantly reduced range of motion in the employee's back, it would have been quite reasonable for the judge to infer from the context of Dr. Crowe's report that the doctor attributed much of that restriction to the employee's obesity. Two weeks later, again on referral from the employee's own Dr. Reynolds, Dr. Coulter found the employee 36% deconditioned when compared with the population at large, clearly attributing the employee's "inability to do the normal activities of daily living" more to this deficit than to any work injury. About a month later, Dr. Coulter discontinued the employee's active rehabilitation on grounds of poor effort by the employee, indicating that the employee's neurologic function in the lower extremities was normal and that his low back range of motion was "difficult, if not impossible, to interpret because of marked inconsistency." On August 17, 1999, only a few days subsequent to the treatment benefits termination date found by the judge, Dr. Anderson, also on referral from Dr. Reynolds, found the employee to be "in no acute distress," of normal arm and leg strength, and without lumbar spasm or tenderness. Dr. Anderson expressly noted puzzlement at the fact that the employee's main symptoms were uncorroborated by the location of the small disc herniation evident on the employee's MRI scan. In September and October 1999, Dr. Dorsen, also on referral from Dr. McReynolds, found no radiological evidence of any neurological significance with regard to the employee's complaints. Also in October 1999, and also on referral from Dr. McReynolds, Dr. Magana found the employee to be of full range of neck motion, without muscle spasm, of a normal mid back, and of only very questionable low back range of motion, spasm, and straight leg raising findings, expressly identifying the latter as "not a good tool to diagnose the [employee's] problem." Finally, in November 1999, Dr. Magana's EMG of the employee's low back was read to be within normal limits.

Given this evidence from the examination records of six different physicians, five of them on referral from the employee's own treating chiropractor, it was not unreasonable for the judge to conclude that objective clinical findings did not support the employee's claim to treatment expenses after August 11, 1999. Moreover, as the judge also suggested, the employee himself acknowledged getting only very short-term relief in his neck and mid back and virtually none at all in his low back as a result of the treatment at issue. Finally, it is also true that termination of the employee's care was recommended by Drs. Coulter and Friedland, and it is clear that the judge relied on these expert medical opinions instead of the opinion of Dr. McReynolds. As we have reiterated above, a trier of fact's choice between experts whose testimony conflicts is usually upheld unless the facts assumed by the expert in rendering his opinion are not supported by the evidence. Nord, 360 N.W.2d at 342-43, 37 W.C.D. at 372-73. There is no indication that either Dr. Coulter or Dr. Friedland based her or his opinion on any false premise. Because it was not unreasonable in light of the medical examination records, the employee's own testimony, and the opinions of medical experts, we affirm the judge's denial of all treatment expenses after August 11, 1999. See Hengemuhle, 358 N.W.2d at 59, 37 W.C.D. at 239.