

PAUL TROSSEN, Employee/Appellant, v. CHAMPION INT'L, SELF-INSURED/SEDGWICK JAMES OF MINN., Employer.

WORKERS' COMPENSATION COURT OF APPEALS  
SEPTEMBER 17, 2001

No. [REDACTED SSN]

HEADNOTES

TEMPORARY BENEFITS - FULLY RECOVERED. Where the judge's decision was reasonably and amply supported by the record, including by the opinions of several medical experts, the compensation judge's denial of various benefits on grounds that the employee had fully recovered from the effects of his work injury was not clearly erroneous and unsupported by substantial evidence.

Affirmed.

Determined by: Pederson, J., Wheeler, C.J., and Wilson, J.  
Compensation Judge: Paul V. Rieke

OPINION

WILLIAM R. PEDERSON, Judge

The employee appeals from the compensation judge's denial of temporary partial disability benefits, rehabilitation services, and medical expenses on grounds that the employee had recovered from the effects of his work injury of September 27, 1992. We affirm.

BACKGROUND

Paul Trossen [the employee] sustained a work-related injury to his head, neck, upper back, mid back, and low back while working for Champion International, Inc. [the employer], on September 27, 1992. At the time of the injury, the employee, who had worked for the employer since 1982, was working as a fifth hand on the number three paper machine at the employer's paper manufacturing facility in Sartell, Minnesota. He was a member of an eight-person crew, working the second of three regular rotating shifts. On the date of his injury, the employee was thirty-eight years old and was earning a weekly wage of \$811.48.

The employee was injured when he was struck in the back of his head and neck by a large roll of paper, which pushed his head forward into a pipe. Whether he lost consciousness is uncertain, but he did sustain a laceration to his forehead. He was taken to St. Cloud Hospital, where the laceration was sutured and x-rays were performed. A CT scan of the head was completed and found to be normal. A CT scan of the cervical spine suggested a possible fracture of the anterior and inferior corner of the C2 vertebral body, but the evaluating neurosurgeon, Dr. Michael Amaral, concluded that that was unlikely. An x-ray of the lumbar spine revealed what

was described as “an old slight compression at T12.” The employee was discharged with a diagnosis of forehead laceration and possible C2 fracture. The employee returned to Dr. Amaral on October 1, 1992, with complaints of some lightheadedness on movement of the head. Dr. Amaral recommended an ENT consultation and, having also diagnosed a cervical strain, referred the employee to a physiatrist.

On October 8, 1992, the employee began treating with Dr. Lawrence Farber of the Noran Neurological Clinic. The employee complained of some decrease in his memory, vertigo, bitemporal mild headache pain, pain in the posterolateral neck, and low back pain that “has settled down.” Dr. Farber diagnosed lumbar strain, cervical strain, and labyrinthine concussion<sup>1</sup> with vertigo and recommended an auditory evoked response test and an EEG. Both were conducted on October 14, 1992, the former interpreted as normal and the latter revealing only a very mild abnormality. When he returned to Dr. Farber on November 9, 1992, the employee reported an increase in his headaches and the ringing in his ears. On examination, the doctor noted mild cervical spasm with some limitation of motion and localized tenderness about T12 and 11. Dr. Farber referred the employee for a course of physical therapy.

On February 4, 1993, the employee returned to Dr. Farber because of further escalation of the ringing in his ears, with some instances of dizziness and headaches. Dr. Farber noted that the employee had started with some counseling, the employee describing himself as more irritable and short-tempered as well as more forgetful. Diagnoses at that time included post-concussion syndrome, and therefore the employee was referred to Gary Krupp, Ph.D., for neuropsychological testing and to Dr. Carl Brown for ENT evaluation.<sup>2</sup>

The employee was seen for neuropsychological evaluation by Dr. Krupp on February 16, 1993. Dr. Krupp found the neuropsychological test data “virtually normal,” noting that there was “no objective evidence of diminished learning or memory abilities on an organic basis.” Dr. Krupp also found, however, that the employee’s clinical presentation, history, and objective personality test data all pointed to the presence of an “agitated and reactive depression in response to coping difficulties he has experienced since the injury.”

The employee concluded his physical therapy program on April 7, 1993, and returned to see Dr. Farber on May 7, 1993. On the latter date, Dr. Farber noted that the employee’s physical examination was “essentially within normal limits,” stating that he “cannot set off any pain.” The doctor did recommend, however, that the employee attend a sports and health club, in order to work his way up to lifting a hundred pounds as required by his job.<sup>3</sup>

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<sup>1</sup> Presumably concussion of the labyrinth of the ear.

<sup>2</sup> The employee was also examined by Dr. Ronald Hanson at the St. Cloud Ear, Nose & Throat Clinic on February 10, 1993. Dr. Hanson reported that the employee’s ENT examination and audiogram were both normal.

<sup>3</sup> Between the date of his injury and May 15, 1993, the employee performed a variety of light-duty jobs for his employer, and on May 16, 1993, he returned to his pre-injury job on the

On July 26, 1993, the employee was seen at the Minneapolis Ear, Nose & Throat Clinic by Dr. Brown. The employee's chief complaint to Dr. Brown was of tinnitus in his left ear. Dr. Brown reported that the employee's audiogram showed completely normal hearing bilaterally, with no evidence of high-frequency hearing loss on the left side, and the employee's other special diagnostic tests were also normal. The doctor suspected that the employee's symptoms were due to the effects of a labyrinthine concussion. Also on July 26, 1993, Dr. Farber completed a report indicating that the employee had reached maximum medical improvement on May 7, 1993, with a final diagnosis of "chronic mild spasm" and a zero percent impairment to the body as a whole.

On October 14, 1993, in response to a letter from the employee's attorney, Dr. Farber opined that the employee had in fact sustained a permanent partial disability after all. He offered a rating of 3.5% of the whole body relating to the employee's cervical spine under Minn. R. 5223.0070, subp. 2.A.(2); an additional 3.5% relating to the employee's thoracic spine under Minn. R. 5223.0070, subp. 3.A.(2); and another 4% relating to the vertebral fracture in the employee's thoracic spine under Minn. R. 5223.0070, subp. 3.C.(1). Dr. Farber also opined that the employee should not lift more than one hundred pounds on any regular basis and that "he should try to keep frequent twisting, turning, bending to a minimum."

The employee saw Dr. Farber for the last time on October 28, 1993, when the doctor reported that the employee was "feeling pretty good." The employee was reporting that he had some mid back pain around the T12 area when he was on his feet too long or did too much lifting but that he was currently working as a fourth hand and was doing very well. Dr. Farber noted that

[the employee] tells me within the next year as soon as the next person leaves the department he will be third hand, and then he will be at a job where he has much less physical activity. From then it is much, much better for him. The neck and shoulders feel all right. The low back is not a problem.

On November 26, 1993, the employee sought counseling from licensed social worker Eugene Beniek on referral from Central Minnesota Group Health. Mr. Beniek's intake notes indicate that the employee came to his office "to deal with feelings of depression lasting two years." The employee's work injury was referenced in the history provided to Mr. Beniek, but so were issues relating to some significant marital discord and some serious medical problems being experienced by the employee's spouse. Mr. Beniek's notes from subsequent therapy sessions through October 10, 1994, reference only the employee's marital issues.

The employee was examined on behalf of the employer by neurologist Dr. Robert Stoltz on January 4, 1994. In a report on that same date, Dr. Stoltz indicated that the employee's neurological examination was objectively normal in its entirety. He found no evidence of functional impairment of the employee's cervical, thoracic, or lumbosacral spine. Dr. Stoltz also

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number three paper machine, which still required rotating shifts. The employee was promoted to third hand on August 15, 1994, and continued working in that capacity through February 18, 1995.

opined that the employee's compression fracture at T12 was not related to the injury of September 27, 1992.

The employee apparently returned to see Dr. Brown for further evaluation of his left-sided tinnitus on March 11, 1994. In a report to the employee's attorney dated July 19, 1994, Dr. Brown stated,

On the basis of my examination and our thorough audiologic studies we have no evidence of a documented permanent injury. Mr. Trossen's symptoms are purely subjective in nature. Therefore he has not sustained a permanent partial disability to the body as a whole regarding his ear symptoms. Mr. Trossen's evaluations to date including audiologic studies and CT scan were appropriate for evaluation of his symptoms resulting from the work-related injury of September 27, 1992. We would not put restrictions of any type on Mr. Trossen's work or leisure activities and do not anticipate that any future treatment, specifically surgery, would be recommended. The only recommendations would be a yearly audiogram and continued use of sound protection devices at work and while using power tools at home or when hunting.

On January 26, 1995, the employee returned to the Noran Clinic, where he was seen for the first time by Dr. Richard Golden. The employee complained of ongoing problems with ringing in his ear, as well as of some neck and back discomfort and numbness in his hands and feet. Dr. Golden ordered an MRI of the brain, which proved to be within normal limits. On February 1, 1995, the employee complained to Dr. Golden that when he came off working the night shift, having been able to get only minimal sleep, he experienced an increase in the ringing in his ear, headaches, and tingling in his hands and feet. Dr. Golden imposed a work restriction, indicating that the employee should "do regular duties as third hand but restrict work shifts to days and evenings avoid night shifts to maintain regular sleep pattern to avoid flareups of tinnitus and headache."

In accordance with the restrictions imposed by Dr. Golden, the employer, on February 19, 1995, placed the employee in the "labor pool," a position that allowed the employee to work day and evening shifts only. The employer also arranged for a medical examination with neurologist Dr. Charles Bland. In a report dated April 19, 1995, Dr. Bland concluded that there was no neurological basis for a work restriction on the shift the employee is capable of working. Dr. Bland did not believe that the employee's headaches were post-traumatic or that the history of numbness and tingling in his upper and lower extremities fit with any neurological disease. Following the issuance of Dr. Bland's report, the employee returned to working rotating shifts on the number three paper machine from November 16, 1995, to November 2, 1998.<sup>4</sup>

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<sup>4</sup> The employee worked outside the plant between July 17, 1995 and November 15, 1995, as a loaned employee to the United Way.

The employee returned to see Dr. Golden on January 25, 1996, with complaints of right leg discomfort since returning to shift work. In a letter to the employee's attorney on that same date, Dr. Golden stated that the employee "has a closed head injury that has resolved, with persistent sequela." He continued to suggest that the employee work straight shifts. Dr. Golden reiterated this restriction on the employee's subsequent visits on November 13, 1996, and September 3, 1997.

On May 13, 1996, the employee filed a claim petition, seeking temporary partial disability benefits continuing from March 28, 1995, together with the assistance of a qualified rehabilitation consultant [QRC].<sup>5</sup>

In a letter to the employee's attorney dated January 29, 1998, Dr. Krupp expressed the opinion that "the sleep disturbance related to working rotating shifts will substantially contribute to recurrence of the accident-related depressive disorder." He further opined that, "[i]f a patient such as the employee who has a history of chronic physical difficulties aggravated by sleep deprivation is again deprived of sleep, one can reasonably expect that to rekindle the unequivocal depression."

On April 25, 1998, the employee checked himself into the St. Cloud Hospital following an argument at work that had resulted in his being given a two and a half day suspension. He was seen by psychiatrist Dr. Ann Kooiker, who diagnosed "depressive disorder, not otherwise specified." Dr. Kooiker obtained a history of the employee's "severe closed [head] injury in 1992 at work" and of the various symptoms that he had experienced since the injury. Like Dr. Krupp, she concluded that "the sleep deprivation he experiences from trying to work a rotating shift is detrimental and he cannot tolerate this."

On November 3, 1998, the employee was awarded the position of "Clothing Utility II," a job performed primarily on day shifts. Although no night shifts were required, the Clothing Utility II position was one of the most physically demanding jobs in the plant. The employee worked in this capacity until December 11, 1999, at which time he returned to working rotating shifts up to the time of trial on October 19, 2000.

On July 16, 1999, the employee sought treatment for neck pain, mid back pain, and low back pain at Williams Chiropractic Clinic. He received two chiropractic treatments on July 16 and 19, 1999. The chiropractor's notes indicate that "[s]pasm and tenderness noted in the paraspinal musculature from occiput to sacrum graded +2 with active and latent trigger points."

On October 7, 1999, the employee returned to see Dr. Golden after a two-year absence. Dr. Golden noted some limitation of motion on examination of the neck and back, but his impression was "stable work related injury dating back to September 27, 1992." In a Report

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<sup>5</sup> The employee had previously settled his claims for temporary partial disability benefits through March 27, 1995, pursuant to an Award on Stipulation issued on July 6, 1995. The employee had also entered into a compromise settlement of his claims for permanent partial disability, the employer agreeing to pay the lump sum of \$5,250.00 in full settlement to the extent of 11% of the body as a whole. See Award on Stipulation issued March 22, 1994.

of Work Ability on that same date, Dr. Golden continued to recommend the same restrictions, emphasizing that the employee should work straight shifts.

On November 18, 1999, QRC Ione Tollefson performed a rehabilitation consultation at the request of the employee. In a report dated December 2, 1999, Ms. Tollefson concluded that the employee was a qualified employee, eligible for statutory rehabilitation services. On December 21, 1999, the employer filed a Rehabilitation Request, in which it disputed the employee's status as a "qualified employee" for rehabilitation purposes. Shortly thereafter, the employee filed a Medical Request, seeking payment of an outstanding bill at the Williams Chiropractic Clinic for treatment rendered in July 1999 and of an October 7, 1999, charge at Dr. Golden's office. The rehabilitation and medical requests were consolidated for hearing with the employee's 1996 claim petition.

Shortly before the matter was to be heard by a compensation judge, the parties agreed to a postponement of the hearing to allow the employee to undergo a functional capacities evaluation. This evaluation was completed on July 31 and August 1, 2000, at Northern Star Therapy in St. Cloud. The recommendations from the functional capacities evaluation were that the employee was restricted to working in the medium category of physical demands. His lifting was limited to fifty pounds, his pushing to fifty pounds, and his pulling to sixty pounds.

On August 29, 2000, the employee was examined by orthopedist Dr. David Boxall at the request of the employer. In a report of that date, Dr. Boxall noted that, objectively, the employee's findings on physical exam were normal. He offered no recommendations for further treatment to the employee's spine, indicating that, with respect to the strain to the neck and back sustained by the employee in 1992, the employee would have reached maximum medical improvement by, at the latest, one year later. Dr. Boxall placed no restrictions on the employee's activities at home or on the job. He further stated, "I cannot think of any circumstances under which one would consider placing restrictions on an individual at night which would be different than those one would place on an individual during the day." Dr. Boxall also opined that "there is no evidence in the medical records to support that he had a compression fracture as a result of the September 27, 1992, injury."

The employee returned to see Dr. Golden on September 12, 2000, and advised the doctor that he had significant dizziness that endangered him when he worked on catwalks and that by the time he finishes a swing shift he has tingling in his left foot that also complicates his walking. Dr. Golden apparently adopted restrictions established in the functional capacities evaluation but stated again, "I think that one of the major parts of his difficulty which really they do not address at all is his sleep disorder and how it is affected by the swing shifts that he is forced to work."

At the request of the employer, the employee was seen for a neuropsychological evaluation by Steven Morgan, Ph.D., on June 9, 1998. In a report on that same date, Dr. Morgan essentially concurred with Dr. Krupp, that the employee did not sustain a traumatic brain injury as a result of his September 27, 1992, work injury. Following his evaluation and his deposition on September 25, 1998, Dr. Morgan was provided with records from Central Minnesota Mental Health Center, Eugene J. Beniek Counseling Practice, and St. Cloud Hospital. These records both

predated and followed the employee's work injury. In a letter to the employer's attorney dated October 27, 2000, and in a post-trial deposition on December 8, 2000, Dr. Morgan opined that, while the employee's injury may have initially contributed to the employee's depression, the work injury was no longer a substantial ongoing contributant to his depression.

The employee's claims came on for a hearing on October 19, 2000, before a compensation judge at the Office of Administrative Hearings. Evidence presented at hearing included the testimony of the employee, his wife, and QRC Tollefson, as well as the testimony of two witnesses for the employer. The parties also offered the employee's extensive medical records, his rehabilitation records, and depositions of Dr. Bland, Dr. Morgan, and Nancy Koska, the employer's human resource manager. Issues presented to the judge for determination were (1) the employee's entitlement to intermittent temporary partial disability benefits from and after March 27, 1995; (2) the employee's entitlement to rehabilitation services; and (3) the employee's entitlement to payment of his outstanding chiropractic and medical bills. The record in this matter closed on January 5, 2001. In a Findings and Order issued January 10, 2001, the compensation judge concluded that the employee's injury was no longer causative of his alleged disability, and he denied the employee's claims in their entirety. 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

In denying the employee's claims for temporary partial disability benefits, rehabilitation services, and medical expenses after March 17, 1995, the compensation judge concluded that the employee had recovered from the effects of his September 1992 work injury. In so concluding, the judge determined that the employee had not sustained a traumatic brain injury, that the employee had not sustained any permanent physical loss of use of the cervical, thoracic, or lumbar portions of his spine, that there was no evident physiological connection between the employee's working the graveyard shift and any increase of the ringing in his ears or numbness in his hands and feet, and that the 1992 injury was not a substantial contributing cause of the employee's depressive disorder during the period of claimed disability. Where an employee

is found medically able to return to work without restrictions, having suffered no residual disability from his work injury, there is no basis for payment of temporary wage benefits or rehabilitation services after the date of that finding. Kautz v. Setterlin Co., 410 N.W.2d 843, 40 W.C.D. 206 (Minn. 1987).

On appeal, the employee contends that the compensation judge erred in concluding that the employee's work-related injuries are not a substantial contributing factor in the reduction in his earnings since March 27, 1995. The employee argues first that the judge's conclusion that the employee's work-related symptoms had apparently resolved by mid-1993 was based on a very brief period of time while the employee continued to work in a light-duty, day-only job. The employee contends that, after he returned to his heavy physical job in May 1993, he developed an increase in symptoms, followed by Dr. Farber's imposition of restrictions and rating of permanent partial disability for both the neck and thoracic spine. Objective evidence, the employee argues, showed a fracture of the cervical vertebra as well as a thoracic compression fracture, without any evidence of any prior treatment for either neck or mid-back complaints before the work injury. We are not persuaded.

The compensation judge determined that the employee did not sustain any permanent physical functional loss of use of the cervical, thoracic, or lumbar portions of his spine as a result of his work injury. In this regard, the judge clearly adopted the opinions rendered by Dr. Stoltz in his report of January 4, 1994. Dr. Stoltz found no permanent partial disability and imposed no restrictions. The judge noted that it was not until September 2000 that Dr. Golden imposed physical restrictions with regard to the employee's back. The judge also noted that Dr. Boxall found the employee physically normal on August 29, 2000. Finally, the judge noted that from November 3, 1998, to December 10, 1999, the employee performed heavy physical labor on the Clothing Utility II position and never reported any physical problem. Although the employee sought chiropractic treatment for back complaints in 1999, witnesses for the employer testified that the employee never reported any physical problems performing the job. We conclude that there was more than adequate evidence to sustain the compensation judge's finding that, during the temporary partial disability period at issue, the employee's spinal work injury was no longer a substantial contributing factor in any wage reduction he experienced at the employer. Nord v. City of Cook, 360 N.W.2d 337, 37 W.C.D. 364 (Minn. 1985).

The employee's also argues that it was clearly erroneous for the compensation judge to conclude that no restrictions are required with regard to the employee's tinnitus and resulting headaches and symptoms of paresthesias. The employee contends that the judge apparently concluded that the employee does not have tinnitus based simply on the fact that there was no permanency rating for the employee's tinnitus and the employee had a normal audiogram. The employee argues that his tinnitus is exacerbated by the disruption in his sleep pattern that results from his working the graveyard shift with the employer. Dr. Golden indicated that sleep deprivation will increase the tinnitus, thereby increasing the headaches. The employee argues that Dr. Golden's opinion is unrefuted. We are not persuaded.

We reject the employee's argument that the compensation judge somehow equated the absence of a permanency rating with a lack of restrictions. Nor does the judge in any way suggest a conclusion that the employee does not have tinnitus. The judge did note, however, that

the records of the Minneapolis Ear, Nose and Throat Clinic indicate normal test results and, specifically, that the employee has no restrictions attributable to his tinnitus and does not require future treatment. While Dr. Golden concluded the employee's subjective symptoms increased with lack of sleep, Dr. Bland rejected that explanation. Dr. Bland found no neurological basis for the employee's inability to work the midnight shift. Dr. Bland stated that there was no neurological disorder that would cause headaches or numbness and tingling of the hands only to occur at night. He indicated that he knew of no brain mechanism or circuitry that would cause sleep deprivation to result in hand or foot numbness. We cannot conclude that the compensation judge's factual determination was unreasonable or clearly erroneous based on the evidence of record. It is the responsibility of the compensation judge, as trier of fact, to resolve conflicts in expert testimony. Nord, 360 N.W.2d 337, 37 W.C.D. 364. While it is true that Dr. Bland offered no opinion that the employee's tinnitus was unaffected by sleep deprivation, no restrictions for the employee's tinnitus were assigned by ENT specialist Dr. Brown, and Dr. Bland clearly testified that he could find no neurological explanation for the employee's increased subjective paresthesias. Accordingly, substantial evidence supports the judge's conclusion that the record does not support a finding that there exists any physiological connection between the employee's working the graveyard shift and any increase of the ringing in his ears or numbness in his hands and feet.

Finally, the employee contends that it was clearly erroneous for the compensation judge to conclude that the employee had ongoing depression prior to the work injury and that the work injury was not a substantial contributing cause of the employee's depression. He argues that any suggestion in Mr. Beniek's counseling records that there were issues of depression prior to the work injury are unreliable and inaccurate. He argues that no evidence was introduced establishing that there existed either a diagnosis of or treatment for depression before the work injury. Moreover, he argues, both Dr. Krupp and Dr. Morgan agreed that the employee developed a reactive depression following his closed-head injury, and, although Dr. Morgan opined that the work injury was no longer a substantial contributing factor, he did not explain when the work-related depression resolved. The employee contends that he met his burden of proof that the work injury is "a" substantial contributing cause of his depression.

The compensation judge concluded that the record does not support the employee's claim that his 1992 work injury is causative of his depression disorder and of his alleged accompanying symptoms during the period of claimed disability. Dr. Morgan testified that, based upon the employee's MMPI profile, which was consistent with individuals who have longstanding depressive disorders, and also upon the histories contained in Mr. Beniek's records, the employee's depressive disorder predated the work injury. Dr. Morgan was also familiar with the employee's and his wife's counseling records since 1982. It was Dr. Morgan's opinion that the work injury at most might have produced a temporary exacerbation of the underlying depressive disorder.

At Finding 12, the compensation judge indicated that, in addition to Dr. Morgan's opinion, he considered also the following other factors in arriving at his conclusion:

The employee has had significant mental/psychological stress relating to the health of his marriage relationship which pre-date and post-date his work injury; the employee has experienced significant mental/psychological stress over his wife's health; the employee

admitted that one of his children has caused significant family stress. The court concludes from the gravity of the personal non-work related stresses experienced by the employee that the employee's work injury and the employee working the graveyard shift cannot be considered to be significant contributing causes of the employee's depression.

While the evidence on this issue is subject to differing interpretations, we do not agree that the judge's acceptance of the employer's interpretation is unsupported by substantial evidence. It was the responsibility of the compensation judge to resolve conflicts in testimony and ultimately to weigh all of the evidence in the case to decide whether the employee's work injury was causative of his depression. The judge performed his function, and substantial evidence supports his decision. Accordingly, we affirm the judge's conclusion that the employee's work injury was not a substantial contributing cause of his depression during the period of claimed disablement.

The compensation judge's decision is amply supported by the record, including the opinions of Drs. Stoltz, Bland, Boxall, and Morgan. Also, at Finding 13, the judge offered the following:

In addition to the court's findings that the employee has failed to demonstrate any residual physiological or psychological conditions from the work injury during the claimed period of temporary partial disability and the finding that there has not been established any connection between the employee's work on the graveyard shift and his reduction in wages, the court has considered additional factors which weigh against the award of temporary partial disability in this case including: the employee has proven both physically and mentally that he can perform the required work at the employer including working the graveyard shift; the employee had an opportunity to perform the "store room" job which would have eventually led to a wage similar to the date of injury wage and to day time hours; the employee has one of the best attendance records at the employer; the employee has been able to work at the labor pool jobs and with his seniority could have most likely been allowed to work the jobs that he believed he could perform; the employee volunteered for jobs requiring the graveyard shift over 20 times during the claimed period of temporary partial disability; there were no medical doctor imposed physical restrictions from approximately February of 1995 to the fall of 2000; and during the claimed period of temporary partial disability the employee received work promotions.

We acknowledge that there is evidence in the record to support the employee's position that the work injury was a substantial contributing factor in the restrictions imposed by Dr. Golden from and after February 1, 1995. Pursuant to this court's standard of review, however,

the issue is not whether the evidence will support alternative findings but whether substantial evidence supports the judge's findings. Where evidence conflicts or more than one inference can be drawn from the evidence, the judge's findings are to be affirmed. Hengemuhle v. Long Prairie Jaycees, 358 N.W.2d 54, 37 W.C.D. 235 (Minn. 1984). In the present case, there is substantial evidence that supports the judge's decision that the employee is medically able to work without restrictions, having suffered no residual disability from his work injury. Accordingly, the judge's denial of benefits is affirmed.