Judgment rendered November 25, 2026.
Application for rehearing may be filed
within the delay allowed by Art. 2166,
La. C.C.P.

No. 57,152-WCA

COURT OF APPEAL
SECOND CIRCUIT
STATE OF LOUISIANA

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PATRICK L. TAYLOR Plaintiff-Appellant

versus

TOYOTA OF BASTROP Defendant-Appellee

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Appealed from the
Office of Workers' Compensation, District 1-East
Parish of Ouachita, Louisiana
Trial Court No. 2300894

Brenza Irving Jones
Workers' Compensation Judge

* * * * *

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* * * * *

Before STONE, COX, and HUNTER, JJ.

HUNTER, J., dissenting with written reasons.

STONE, J.

This matter arises from the State of Louisiana Office of Workers' Compensation, the Honorable Brenza Irving-Jones presiding. After being kicked in the back of the left knee twice by an assistant sales manager, the plaintiff, Patrick L. Taylor ("Taylor"), filed a disputed claim for compensation against his employer Toyota of Bastrop ("Toyota"). The litigation evolved into disputes concerning causation, continuing disability, termination of indemnity benefits, authorization of additional medical care, physical therapy, and Taylor's right to choose or change orthopedic physicians. Taylor appeals the worker's compensation judge's ("WCJ") denial of his request for indemnity benefits, additional medical treatment, request to choose another orthopedic surgeon, and penalties and attorney fees, against Toyota. For these reasons stated herein, we affirm.

FACTS

On August 22, 2017, Taylor was working as a car salesman at Toyota when the Assistant Sales Manager, Chris Highshaw, kicked him twice in the back of the left knee. Taylor experienced immediate and severe pain, nearly fell, and soon experienced knee buckling. Initially, Taylor attempted to continue work, but his condition persisted and worsened. Prior to this incident, Taylor had no left-knee surgery, MRI,[1] or pain in the left knee other than for temporary soreness from exercise.

The following is a chronology of Taylor's medical treatment by provider.

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[1] MRI stands for Magnetic Resonance Imaging, which is a noninvasive medical test.

Dr. James Patterson (Primary Care)	
Date	Diagnosis/Treatment
9/5/17	• Documented popliteal tenderness extending to the lower thigh and upper calf regions • Noted pain on flexion with decreased weight bearing • Referred Taylor to an orthopedist, Dr. Douglas Brown
9/15/17	• X-ray performed and noted negative findings of the three views
9/20/17	• Re-evaluated Taylor due to complaints of pain behind the kneecap and popliteal region • Noted full range of motion of the left knee with continued pain and a slight limp on ambulation
9/25/17 through 11/13/17	• Taylor complained of left knee pain and increased weight-bearing pain that aggravated the right ankle • Noted left anterior knee pain extending to the medial region and edema and pain on flexion and extension • Taylor was instructed to do aerobic exercise

Dr. Douglas Brown (Orthopedist)	
Date	Diagnosis/Treatment
11/13/17	• Noted internal derangement of medial and lateral meniscus of left knee
12/5/17	• Noted internal derangement of medial and lateral meniscus of left knee • MRI review found mild partial tearing of the lateral retinaculum; a very small area of possible tearing (2 mm deep), with no major tears or disruption • Noted a mild tendon strain; slight thickening and increased signal in the quadriceps tendon and patellar tendon, suggesting mild strain without significant tearing • Noted meniscus wear and tear; degenerative changes in the medial meniscus and mild fraying of the lateral meniscus • No definite acute meniscus tear was identified
12/20/17	• MRI review referenced osteochondral injury, medial meniscus has a tear, and lateral meniscus is intact

	• Referred Taylor to Dr. Soeller for injections and approved only sedentary office work
2/16/18	• Approved sedentary work/answer phones
8/16/18	• Taylor is off from work and using knee brace and crutches • PT[2] and knee scope were approved
10/10/18	• Performed a knee scope diagnostic patella debridement mini lateral release partial meniscectomy
12/12/18	• Noted that PT was helping • Taylor was recovering from a left knee scope — patella debridement, lateral release partial meniscectomy • Assessment was for advanced left femoral trochlear chondromalacia grade 4
2/18/19	• MRI was performed and no acute internal derangement was noted • The ACL and PCL[3] remained intact, and the quadriceps tendon and patella tendon remained intact
3/7/19	• Stated that functional status improved • Noted a no reduced activity and release to full activities when PT finished
3/12/19	• Taylor's work restrictions required modification of workplace activities, including the use of a golf cart on the car lot, and work from a desk • Records contain the notation that an option discussed was total knee replacement with expected revision within 20 years • Referred for FCE[4]
4/2/19	• FCE revealed Taylor was qualified for a work capacity characterized by the light to medium PDL[5] up to 30 pounds for lifting activities from the knee to the shoulder level

[2] PT stands for physical therapy.

[3] ACL and PCL stand for Anterior Cruciate Ligament and Posterior Cruciate Ligament, respectively.

[4] FCE stands for functional capacity evaluation.

[5] PDL stands for physical demand levels.

	• Referred to Louisiana Pain Care
1/20/21	• Assessment of osteoarthritis of the left knee, closed dislocation of the patella post-operation and patellar chondromalacia post-operation • Taylor was fitted with left knee hinged brace.

Louisiana Pain Care	
Date	Diagnosis/Treatment
4/16/19	• Diagnosed with unilateral primary osteoarthritis (a degenerative condition) of the left knee • A nerve block was recommended • Advised against bed rest and to resume normal activities as soon as possible
5/15/19 through 3/22/23	• Follow up visits where Taylor was consistently diagnosed with unilateral primary osteoarthritis, chronic pain syndrome, and left knee pain

Dr. Richard Ballard	
Date	Diagnosis/Treatment
5/30/19	• Diagnosed knee strain and posttraumatic tendinitis • Recommended a supportive brace, physical therapy and extended Dosepak[6]
9/8/20	• Diagnosed Taylor with a meniscus tear of the knee
9/11/20	• Performed an arthroscopy with partial medial meniscectomy and extensive synovectomy
10/22/20	• Impressed that Taylor had synovitis of the knee and recommended Diclofenac[7] and to follow up in three weeks
10/29/20	• Risk Management services advised Dr. Ballard that no further treatment would be approved because Taylor had already made his choice of orthopedist, Dr. Brown
11/2/20	• Again, had an impression of synovitis of the knee and placed Taylor on Relafen[8] and advised for another checkup

[6] Oral prescription steroid regimen used to treat acute inflammation.

[7] A nonsteroidal anti-inflammatory medication.

[8] A nonsteroidal anti-inflammatory medication.

11/6/20	• Risk Management again notified Dr. Ballard that no further treatment as related to Taylor's workers' compensation claim would be approved or paid
11/12/20	• Had an impression of internal derangement of medial meniscus of the knee post-operation • Recommended physical therapy that was denied
12/10/20	• Found Taylor suffered from internal derangement of medial meniscus of the knee post-operation • Recommended PT
1/7/21	• Found Taylor suffered from internal derangement of medial meniscus of the knee post-operation • Recommended PT
5/17/22	• Assessed Taylor and had the impression of left knee strain, posttraumatic tendinitis of the left knee
6/21/22	• Had an impression of a meniscus tear of the left knee • Concerned that Taylor had significant lumbar disc pathology • An MRI, EMG,[9] and nerve conduction study were recommended • X-rays were taken that revealed unremarkable bilateral knees, but mild osteoarthritis of the bilateral hips and mild degenerative disc disease at L5-Sl
7/21/22	• Had an impression of posttraumatic arthritis of the knee and lumbar sacral radiculopathy
9/6/22	• Had an impression of posttraumatic tenosynovitis of the knee and found Taylor remained unable to work
9/7/22	• Risk Management, for a third time, notified Dr. Ballard that no further treatment related to Taylor's workers' compensation claim would be approved or paid
10/20/22	• Had an impression of posttraumatic tenosynovitis and synovitis of the knee • Kept Taylor on Naproxen[10] and Zanaflex[11]
7/17/23	• Diagnosed Taylor with posttraumatic arthritis and chronic strain of the knee

[9] EMG stands for electromyography test, which measures electrical activity in muscles and nerves.

[10] A nonsteroidal anti-inflammatory medication.

[11] A short-acting skeletal muscle relaxant medication.

8/24/23	• Diagnosed Taylor with trochanteric bursitis of the left hip, left knee strain, posttraumatic tendinitis of the left knee, and left hip
6/11/24	• Continued treatment of Taylor • Assessment at last visit found was that Taylor suffered from left knee strain, posttraumatic tendinitis left knee and left hip

The following is a chronology of Taylor's medical examinations (and findings) by provider.

Dr. Robert Holladay (Orthopedist)	
Date	Examination/Findings
2/3/20	• Examined Taylor and reviewed his medical records • Found that Taylor suffered from a contusion left knee posterior, advanced chondromalacia patellofemoral joint left knee, and post-operative chondroplasty patellofemoral joint/mini lateral release left knee • Found that Taylor was physically capable of returning to work with some restrictions such as no kneeling, squatting, climbing ladders, and driving automobiles for more than 30 minutes at a time • Found that Taylor's current condition was not causally related to the mechanism of injury of the workplace incident
3/28/22	• Examined Taylor for a second medical opinion • Found the objective findings on examination were not consistent with the mechanism of injury of the workplace incident • Opined that Taylor suffered a contusion of the left knee and found no indication for additional testing or treatment regarding the workplace incident • Opined that Taylor suffered from a pre-existing degenerative condition of the left knee • Opined that Taylor had reached MMI[12] with some restrictions including no standing or walking more

[12] Acronym for maximum medical improvement.

	than 30 minutes without position change, to avoid climbing, crawling, stooping, and twisting activities, to avoid steps and stairs, to avoid carrying weight over 10 lbs on occasion, and to avoid ambulation on uneven surfaces • Did not find that any of these work restrictions were related to the injuries suffered from the workplace incident • Ultimately found that Taylor's current condition was not causally related to the workplace incident

Dr. Mario Goncalves (Orthopedist, Ochsner LSU)	
Date	Examination/Findings
2/16/22	• Found chronic pain of the left knee, unilateral post-traumatic osteoarthritis, sciatica of the left side, and tears of meniscus and ACL of the left knee • Indicated that any potential tears to the ACL and medial meniscus did not correspond to Taylor's physical examination or his chronic pain pattern on the lateral side of his knee • Impression that Taylor may have some kind of neuropathic pain coming from his lower back • Did not think surgery on the knee would make Taylor any better • Suggested Taylor see a spine surgeon or a pain management physician

Dr. Alexander Michael (Orthopedist)	
Date	Examination/Findings
2/24/23	• Conducted an independent medical examination ("IME") • Reviewed Taylor's medical records • Found that Taylor was at MMI from the workplace incident left knee injury • Opined that the mechanism of injury of a kick to the posterior lateral aspect of the left knee would have

	caused a local contusion, a soft tissue injury that would have healed without the need for surgery • Found that one year from the time of the initial injury is more than adequate healing time for this injury meaning Taylor reached MMI on August 16, 2018 • Opined that the continued difficulty with Taylor's left knee was caused by underlying degenerative changes and not causally related to a kick in the back of the knee • Found that continued treatment would be for degenerative arthritic changes and not related to the original injury

PROCEDURAL HISTORY

On February 17, 2023, Taylor filed a disputed claim for compensation arising from the workplace incident. A trial on the matter was held on February 19, 2025, during which the only live testimony presented was that of Taylor—and all other evidence were the medical records from his various treatment providers.

On May 19, 2025, the WJC issued a judgment denying Taylor's requests for another orthopedic surgeon, indemnity benefits, additional medical treatment, and penalties and attorney fees. A motion for a new trial was filed by Taylor on May 29, 2025, and subsequently heard on June 30, 2025. The WCJ granted the motion and set the trial on October 3, 2025, for argument only.

Following the grant of new trial, Taylor obtained additional orthopedic evaluation and imaging through Dr. George Byram ("Dr. Byram") at Highland Clinic. The Highland MRI reported that the ACL,

PCL, MCL, LCL,[13] and extensor mechanism were intact, while identifying complex medial meniscus tearing and patella tracking-related findings. Dr. Byram stated that he did not believe there was ever an ACL tear, that no ACL injury occurred during the workplace altercation, and that the MRI findings concerning the ACL were within normal limits. He further opined that the two kicks sustained during the 2017 alteration were directly related to and likely the cause of Taylor's current left knee pain. The Highland Clinic records were submitted only by proffer—since the new trial was argument only—and additional medical evidence was excluded. After oral arguments, the WCJ held that the initial ruling was not contrary to the law and evidence, and thus, the judgment dated May 19, 2025, was reinstated. Taylor now appeals the judgment.

DISCUSSION

On appeal, Taylor presents five assignments of error for our review. The WCJ: (1) erred in finding that Taylor failed to prove a causal connection between the August 22, 2017, work incident and Taylor's current disabling left-knee condition; (2) erred in denying Taylor's request for additional medical treatment and another orthopedic physician; (3) erred in treating Taylor's transition from Dr. Brown to Dr. Ballard as doctor shopping; (4) was improper in restoring dispositive weight to the IME; and (5) abused its discretion in restricting the new trial to reargument only and excluding additional medical evidence.

[13] MCL and LCL stand for Medial Collateral Ligament and Lateral Collateral Ligament, respectively.

Causal connection

A claimant seeking workers' compensation benefits for a work-related incident is not required to prove the exact cause of the disability but must demonstrate by a preponderance of the evidence that the incident has a causal connection with it. Whether the claimant has carried his burden of proof and whether testimony is credible are questions of fact. *Koenig v. Christus Schumpert Health Sys*., 44,244 (La. App. 2 Cir. 5/13/09), 12 So. 3d 1037; *Brien v. Leon Angel Constructors*, Inc., 42,904 (La. App. 2 Cir. 3/12/08), 978 So. 2d 576, *writ denied*, 08-0802 (La. 6/6/08), 983 So. 2d 919. Factual findings in a workers' compensation case are subject to the manifest error or clearly wrong standard of appellate review. *Koenig v. Christus Schumpert Health Sys*., *supra; Player v. International Paper Co*., 39,254 (La. App. 2 Cir.1/28/05), 892 So. 2d 781. In applying the manifest error or clearly wrong standard, the appellate court must determine not whether the trier of fact was right or wrong, but whether the factfinder's conclusion was a reasonable one. *Stobart v. State through Dept. of Trans. & Dev*., 617 So. 2d 880 (La. 1993).

Based on the record before us, we find that the WCJ was reasonable in determining that Taylor's current left knee pain was not related to the workplace incident. There is no dispute that Taylor was injured arising out of and in the course of his employment. The WCJ was tasked with determining whether the continued left knee pain that Taylor suffers has a causal connection to the workplace incident.

The record reflects the following: Dr. Brown released Taylor to return to work. Dr. Ballard was concerned that Taylor had significant lumbar disc pathology. An MRI, EMG, and nerve conduction study

revealed unremarkable bilateral knees, but mild osteoarthritis of the bilateral hips and mild degenerative disc disease at L5-Sl. Dr. Goncalves had an impression of neuropathic pain caused from issues with Taylor's lower back. Dr. Holladay found the objective findings on examination of Taylor were not consistent with the mechanism of injury from the workplace accident. Dr. Michael, the independent medical examiner, found Taylor to be at MMI. He noted that the mechanism of injury would have caused a local contusion and a soft tissue injury that would have healed without the need for surgery. Additionally, Dr. Michael found that one year from the initial injury is more than adequate time for a soft tissue injury to resolve.

Based on the evidence in this case, we do not find the WCJ was manifestly erroneous in the factual finding of no causal connection between the workplace incident and Taylor's left knee pain. The WCJ made a credibility determination in this case and weighed all the evidence presented. The decision is not in contravention of the law, and therefore, the ruling was not manifestly erroneous.

Denial of additional treatment and medical records

Taylor contends that the WCJ committed reversible error by excluding additional treatment records and medical records from orthopedic surgeons and accepting the Highland Clinic records only by proffer. This argument lacks merit.

Taylor argues that the Highland Clinic records disprove the premise of Taylor's ACL being torn and that some separate event must have occurred after the workplace incident to cause that ACL tear. Taylor asserts that this evidence undermines a crucial reason why causation was deemed to not have been proven. However, the Highland Clinic records contain multiple

findings by orthopedists indicating that Taylor's current knee injury was not causally related to the workplace incident regardless of the condition of Taylor's ACL. Thus, the question of whether Taylor's ACL was torn does not alter the findings regarding causation.

Moreover, before undergoing the MRI — ordered by Dr. Byram — at Highland Clinic, Taylor had already sought treatment from multiple orthopedic surgeons, including Drs. Brown and Ballard. Although Toyota's payment for Dr. Ballard's treatment indicates its consent to treatment, it does not establish Toyota's liability for further treatment or entitle Taylor to treatment from yet another orthopedic surgeon. Accordingly, the WCJ did not err in characterizing Taylor's continued pursuit of additional orthopedic opinions as "doctor shopping." Given Taylor's prior treatment history, the WCJ properly denied his request for additional medical treatment.

Weight of the Independent Medical Examination

Taylor argues that the WCJ improperly placed dispositive weight to the IME. La. R.S. 23:1123 provides for the order of an IME when there is a conflict in medical evidence and that an IME report is prima facie evidence and is entitled to significant weight, although it is not conclusive.

The significant weight given to the opinion of the IME physician can be lesser or greater depending on the qualifications or expertise of the physician, the type of examination he performs, his opportunity to observe the patient, his review of other physicians' examinations and tests, and any other relevant factors. *McKinney v. Coleman*, 36,958 (La. App. 2 Cir. 3/14/03), 839 So. 2d 1240.

Here, Dr. Michael reported that he reviewed the medical records from Drs. Patterson, Brown, and Ballard along with Dr. Taylor's initial and

subsequent MRIs, the operative report from Dr. Brown, the medical records from Louisiana Pain Care, and the SMO[14] reports of Dr. Holladay. Ultimately, the WCJ found there was an abundance of evidence in support of the conclusion of the IME. This evidence included the compatible findings of Drs. Brown, Holladay, and Goncalves, who found that Taylor was capable of returning to work, had reached MMI, and that his pain was caused by an issue with his lower back, respectively.

The WCJ's determination to give significant weight to the IME was reasonable because the IME was supported by three other orthopedists. To ignore the opinions of four orthopedic surgeons and multiple tests that show that Taylor's knee pain was a result of degenerative changes and not causally related to the workplace incident would be incomprehensible. Therefore, the WCJ was not in error for giving significant weight to the IME.

Granting new trial for argument only

The WCJ was not improper in granting Taylor's motion for new trial and limiting the proceeding to reargument. Under La. C.C.P. art. 1971 a new trial may be granted for reargument only. La. C.C.P. art. 1978 provides that when a new trial is granted for reargument only, no evidence shall be adduced. Also, the court is authorized, on motion for new trial in a nonjury case, to use the testimony and documents already in evidence and reconsider the previous judgment. The court has great discretion to admit new evidence or merely to reconsider the existing evidence in light of the arguments. *Fulco v. Fulco*, 50,256 (La. App. 2 Cir. 11/18/15), 183 So. 3d 573.

[14] Acronym for second medical opinion.

Taylor's motion for new trial asserted that the WCJ failed to consider how Dr. Ballard assisted Taylor in a finding of causal connection. Taylor's motion contended that the WCJ failed to properly consider Dr. Ballard's records as those of Taylor's treating orthopedic surgeon. Taylor never made any mention of a fourth treating orthopedic surgeon or a desire to introduce new evidence. At the new trial, the WCJ reconsidered Dr. Ballard's records as the treating orthopedic surgeon and yet again determined that Taylor did not prove a causal connection. Taylor received the relief he requested (i.e., a new trial), but not the outcome he wanted. This court does not consider this result an abuse of discretion by the trier of fact.

Furthermore, the decision to grant a new trial reflects the trial court's intent to reconsider the existing evidence after determining that Taylor's change in treating physicians was legitimate—particularly, in light of Dr. Brown's recommendation for total knee surgery. Accordingly, the WCJ reevaluated the evidence with the understanding that Dr. Ballard was the treating physician. Under La. C.C.P. art. 1978, the WCJ has the discretion to grant a new trial for reargument *only* without allowing the presentation of additional evidence. Accordingly, these specifications of error lack merit.

CONCLUSION

For the above reasons, the judgment of the trial court, denying Patrick L. Taylor's request for indemnity benefits, additional medical treatment, another orthopedist, and penalties and attorney fees, is AFFIRMED. Accordingly, all costs of this appeal are assessed to Patrick L. Taylor.

AFFIRMED.

HUNTER, J., dissents.

A trier of fact is required to weigh the testimony of all medical witnesses; however, as a general rule, the testimony of a treating physician should be accorded greater weight than that of a physician who examines a patient only once or twice. *Mosley v. Pennzoil Quaker State*, 37,199 (La. App. 2 Cir. 7/23/03), 850 So. 2d 1100, *writ denied*, 03-2412 (La. 11/21/03), 860 So. 2d 553. Although the medical conclusion of the independent medical expert ("IME") should be given significant weight, the opinion of the IME is not conclusive, and the WCJ must evaluate all evidence presented in making a decision as to a claimant's medical condition. *Id*.

We have a duty to objectively review the WCJ's findings in light of the entire record to determine whether the WCJ committed manifest error. Although this is a close case, I believe the WCJ manifestly erred in giving greater weight to the opinion of Dr. Alexender Michael, the IME. The work accident occurred in August 2017, and Dr. Micheal did not examine Mr. Taylor until February 24, 2023. Based on that single examination, Dr. Michael succinctly concluded that the kick to the knee would have only caused a contusion, and plaintiff's continued symptoms were related to degenerative changes which were not caused by the accident. This opinion ignores the fact that the accident could have caused the degenerative changes when there is no evidence of knee problems prior to the accident.

For these reasons, I dissent.