

1 **IN THE COURT OF APPEALS OF THE STATE OF NEW MEXICO**

Court of Appeals of New Mexico  
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2 **ROBERT HERNANDEZ,**

3 Worker-Appellee,

4 v.

  
Mark Reynolds  
**No. A-1-CA-38987**

5 **CITY OF CARLSBAD, Self-Insured;**  
6 **and CCMSI, TPA,**

7 Employer/Insurer-Appellants.

8 **APPEAL FROM THE WORKERS' COMPENSATION ADMINISTRATION**  
9 **Shanon S. Riley, Workers' Compensation Judge**

10 Chavez Law Firm  
11 Gonzalo Chavez  
12 Roswell, NM

13 for Appellee

14 Hale & Dixon, P.C.  
15 Timothy S. Hale  
16 Albuquerque, NM

17 for Appellants

18 **MEMORANDUM OPINION**

19 **BACA, Judge.**

20 {1} The City of Carlsbad (Employer) and CCMSI (Insurer) appeal the  
21 compensation order from the Workers' Compensation Judge (WCJ) awarding  
22 Robert Hernandez (Worker) workers' compensation benefits. On appeal, Employer  
23 contends: (1) the WCJ erred in relying on the testimony of just one of the three

1 doctors who evaluated Worker because the provider’s testimony did not meet the  
2 standards for causation opinions under NMSA 1979, Section 52-1-28 (1987); and  
3 (2) this Court must reverse and find that Worker’s need for a total knee replacement  
4 (TKR) is causally related to an earlier motor vehicle accident and previous surgery,  
5 rather than his work accident. For the following reasons, we affirm.

6 **BACKGROUND**

7 {2} There is no dispute that Worker had a preexisting condition with his left knee.  
8 In 2007, Worker saw Dr. Marshall Baca following a motor vehicle collision. Dr.  
9 Baca performed a physical examination and found that there was pain and popping  
10 of the meniscus together with “age-appropriate degenerative changes” to the bearing  
11 surface of the left knee joint. Worker underwent surgery to repair a “complex tear of  
12 the posterior horn of the medial meniscus” stemming from the motor vehicle  
13 accident. Dr. Baca testified that the meniscus removal would not stop the arthritic  
14 process and could accelerate the process. Worker was released to return to work with  
15 no restrictions on December 11, 2007.

16 {3} On October 26, 2015, Worker was performing his duties as a water meter  
17 reader for Employer when he got out of his work vehicle, stumbled, and twisted his  
18 left knee. Worker filed a claim for workers’ compensation on May 12, 2017.  
19 Following the incident, Worker was treated by three physicians: Dr. Earl Latimer, a  
20 referral from Employer’s first selection health care provider; Dr. Eric Sides,

1 Worker’s automatic second selection health care provider; and Dr. Daniel Wascher,  
2 who served as the independent medical examination provider. There is no dispute  
3 that Worker is a candidate for TKR. Dr. Latimer and Dr. Wascher concluded that  
4 Worker suffered a temporary exacerbation of his preexisting left knee arthritis. Dr.  
5 Sides concluded the workplace injury was an aggravation of Worker’s preexisting  
6 left knee condition.

7 {4} After a hearing to determine Worker’s benefits, the WCJ found that “[a]s a  
8 natural and direct result of the accident of October 26, 2015, to a reasonable degree  
9 of medical probability, Worker suffered an aggravation of his pre[ ]existing left knee  
10 osteoarthritis.” The WCJ determined that “Dr. Sides’ testimony is adequate  
11 unequivocal medical testimony sufficient to establish causation pursuant to [Section]  
12 52-1-28 as it has been interpreted by the New Mexico higher courts.” Employer  
13 moved to reconsider the compensation order, which the WCJ denied. Employer now  
14 appeals.

15 **DISCUSSION**

16 {5} “[W]hen a preexisting condition combines with a work-related injury to cause  
17 a disability, an employee is entitled to benefits commensurate with the total  
18 disability sustained.” *Edmiston v. City of Hobbs*, 1997-NMCA-085, ¶ 8, 123 N.M.  
19 654, 944 P.2d 883. “[I]nevitability of disability (or death) plays no role in  
20 determining whether a worker’s actual disability is causally related to a work-related

1 accident.” *Molinar v. Larry Reetz Constr., Ltd.*, 2018-NMCA-011, ¶ 27, 409 P.3d  
2 956.

3 {6} We review the whole record in workers’ compensation cases to determine  
4 whether substantial evidence supports the WCJ’s findings. *See Lewis v. Am. Gen.*  
5 *Media*, 2015-NMCA-090, ¶ 17, 355 P.3d 850. “The [WCJ’s] findings will not be  
6 disturbed so long as they are supported by substantial evidence on the record as a  
7 whole.” *Tallman v. ABF (Arkansas Best Freight)*, 1988-NMCA-091, ¶ 15, 108 N.M.  
8 124, 767 P.2d 363. “Substantial evidence is credible evidence in light of the whole  
9 record that is sufficient for a reasonable mind to accept as adequate to support the  
10 conclusion.” *Maez v. Riley Indus.*, 2015-NMCA-049, ¶ 9, 347 P.3d 732 (citation  
11 omitted) (text only). It is well recognized in New Mexico that the testimony of a  
12 single witness, if found credible by the fact-finder, is sufficient to constitute  
13 substantial evidence. *Autrey v. Autrey*, 2022-NMCA-042, ¶ 9, 516 P.3d 207, *cert.*  
14 *granted* (S-1-SC-39371, Aug. 10, 2022). We review the evidence in the light most  
15 favorable to the decision, and “[w]e defer to the [WCJ]’s resolution of conflicts in  
16 the evidence.” *Rodriguez v. McAnally Enters.*, 1994-NMCA-025, ¶ 11, 117 N.M.  
17 250, 871 P.2d 14. “Whole record review is not an excuse for an appellate court to  
18 reweigh the evidence and replace the fact[-]finder’s conclusions with its own.”  
19 *Herman v. Miners’ Hosp.*, 1991-NMSC-021, ¶ 10, 111 N.M. 550, 807 P.2d 734. Yet,  
20 “[w]hile we generally may not weigh the evidence, even under whole record review,

1 such review allows the reviewing court greater latitude to determine whether a  
2 finding of fact was reasonable based on the evidence.” *Maez v. Riley Indus.*, 2015-  
3 NMCA-049, ¶ 10, 347 P.3d 732 (internal quotation marks and citation omitted). This  
4 is especially true “when reviewing an issue for which the evidence is documentary  
5 in nature,” *id.*, as is the case here. In a case where “all or substantially all of the  
6 evidence on a material issue is documentary or by deposition, an appellate court may  
7 examine and weigh it,” *id.* (citation omitted) (text only); because “[w]here the issue  
8 to be determined rests upon interpretation of documentary evidence, [appellate  
9 courts are] in as good a position as the trial court to determine the facts and draw  
10 [their] own conclusions.” *Flemma v. Halliburton Energy Servs., Inc.*, 2013-NMSC-  
11 022, ¶ 13, 303 P.3d 814 (internal quotation marks and citation omitted). However,  
12 even in that case “we will not disturb the WCJ’s findings unless they are manifestly  
13 wrong or clearly opposed to the evidence.” *Maez*, 2015-NMCA-049, ¶ 10 (text only).

#### 14 **Worker Met His Burden to Establish Causation**

15 {7} Section 52-1-28(B), the statute on causation, states:

16 In all cases where the employer or his insurance carrier deny that an  
17 alleged disability is a natural and direct result of the accident, the  
18 worker must establish that causal connection as a probability by expert  
19 testimony of a health care provider, as defined [elsewhere in the  
20 statute], testifying within the area of his expertise.

21 “To be compensable, a worker’s accident need not be the sole cause of his disability  
22 or death; a worker need only show that it was a contributing cause.” *Molinar*, 2018-

1 NMCA-011, ¶ 29 (alteration, internal quotation marks, and citation omitted).  
2 “Section 52-1-28(B) requires the worker to establish causation as a probability by  
3 expert testimony of a health care provider in cases where the employer disputes a  
4 causal connection between the accident and the disability.” *Molinar*, 2018-NMCA-  
5 011, ¶ 29 (internal quotation marks and citation omitted). “Causation exists within a  
6 reasonable medical probability when a qualified medical expert testifies as to his  
7 opinion concerning causation and, in the absence of other reasonable causal  
8 explanations, it becomes more likely than not that the injury was a result of its  
9 action.” *Id.* ¶ 28 (internal quotation marks and citation omitted). “New Mexico has  
10 adopted the uncontradicted medical evidence rule.” *Id.* ¶ 30. “The rule is based on  
11 Section 52-1-28(B), which requires the worker to prove causal connection between  
12 disability and accident as a medical probability by expert medical testimony.  
13 Because the statute requires a certain type of proof, uncontradicted evidence in the  
14 form of that type of proof is binding on the trial court.” *Molinar*, 2018-NMCA-011,  
15 ¶ 30 (alteration, internal quotation marks, and citation omitted). But the  
16 uncontradicted medical evidence rule is not applicable when “a conflict arises in the  
17 proof, with one or more experts expressing an opinion one way, and others  
18 expressing a diametrically contrary opinion, the trier of the facts must resolve the  
19 disagreement and determine what the true facts are.” *Id.* (internal quotation marks  
20 and citation omitted). “However, there must be a rational basis for the WCJ to reject

1 a proposed finding of causation.” *Id.* “[W]here the worker has initially established  
2 causation through expert testimony, the burden of production should be upon an  
3 employer to show that the effects of the preexisting condition are identifiably  
4 separate and unrelated.” *Id.* (internal quotation marks and citation omitted). “In a  
5 case such as this involving a preexisting condition, WCJs must take care not to rely  
6 on the fact that the worker’s preexisting condition *may* have potentially become just  
7 as disabling without an accidental injury in determining whether causation has been  
8 established.” *Id.* ¶ 27. Accordingly, we first consider whether Worker met his burden  
9 under Section 52-1-28. We note that Employer does not dispute that the October  
10 2015 accident caused Worker’s left knee injury and that the injury is considered a  
11 compensable work-related injury.

12 **Dr. Eric Sides’ Testimony**

13 {8} Dr. Sides diagnosed Worker’s condition to a reasonable degree of medical  
14 probability as osteoarthritis of the knee, aggravated by an injury at work. During  
15 Worker’s initial visit on March 2, 2018, Dr. Sides testified that Worker presented  
16 with pain “on a scale of [eight] out of [ten] that bothered him when he was walking,  
17 kneeling, and sitting for long periods.” Dr. Sides conducted a physical examination  
18 on March 9, 2018, and found that Worker had left knee medial joint line pain with  
19 mild to moderate effusion. An MRI of Worker’s Knee indicated subchondral  
20 reactive edema. Dr. Sides saw Worker on three other occasions, April 6, May 4, and

1 August 3, 2018, by which point Dr. Sides noted that Worker’s symptoms remained  
2 unchanged. When asked about his understanding of Worker’s 2007 surgical  
3 procedure, Dr. Sides testified,

4 That there was a complex tear of the medial meniscus that was  
5 traumatic—thought to be traumatic . . . because of the large radial tear.  
6 At the time of the surgery, there w[ere] underlying degenerative  
7 changes, or what you call full-thickness cartilage loss.

8 When asked if the October 2015 accident changed the course of the treatment, Dr.  
9 Sides testified,

10 According to the records—well my records, my history is different. But  
11 according to these records, it appears that the accident caused in a  
12 previously asymptomatic or minimally symptomatic condition to  
13 become more symptomatic, or accelerated the problem.

14 (9) Based on the medical records and information provided by Worker, Dr. Sides  
15 testified that the October 2015 accident increased the pain and discomfort in  
16 Worker’s knee. When asked if the October 2015 accident increased the overall pain  
17 and discomfort in the left knee, Dr. Sides testified, “Well, that’s a subjective  
18 question. So if he’s—if the patient says, ‘It increased my pain,’ then it did.” Dr.  
19 Sides’ opinion appears to be based on the information provided by Worker about his  
20 present symptoms. We, therefore, conclude that Dr. Sides’ expert medical testimony  
21 meets the requirements of Section 52-1-28 because his testimony establishes: (1)  
22 Worker’s October 2015 accident caused an aggravation injury of his preexisting  
23 osteoarthritis; and (2) this injury ‘more likely than not’ caused Worker to become



1 disabled. We now turn to Employer’s arguments challenging the competency of Dr.  
2 Sides’ opinion.

3 **Employer’s *Niederstadt* Challenge**

4 {10} Employer contends that Dr. Sides obtained an inaccurate and incomplete  
5 history from Worker and did not review any medical records about Worker’s  
6 previous knee surgery until the morning before his deposition. The WCJ determined  
7 that Dr. Sides provided “adequate unequivocal testimony” sufficient to support  
8 causation and that the opinions of Drs. Latimer and Wascher were not based on  
9 “legal standards as interpreted by the New Mexico higher courts.” Worker  
10 emphasizes that Dr. Sides was provided medical records that included the 2007 knee  
11 surgery well before his deposition. We agree.

12 {11} This Court has stated that in a workers’ compensation case, a healthcare  
13 provider’s “opinion cannot serve as the basis for compliance” with Section 52-1-28  
14 if “pertinent information existed about which [the provider] apparently had no  
15 knowledge.” *Niederstadt v. Ancho Rico Consol. Mines*, 1975-NMCA-059, ¶ 11, 88  
16 N.M. 48, 536 P.2d 1104. However, “neither *Niederstadt* or [*Sanchez v.*] *Zanio’s*  
17 *Foods[, Inc., 2005-NMCA-134, 138 N.M. 555, 123 P.3d 788,*] imposes a  
18 requirement that a testifying expert have reviewed all of a worker’s prior medical  
19 records in order to provide a competent causation opinion.” *Molinar*, 2018-NMCA-  
20 011, ¶ 40. “[T]he requirement is simply that a health care provider *must be informed*

1 *about a pertinent prior injury* before he or she can render an opinion as to the cause  
2 of a subsequent injury.” *Id.* (alteration, internal quotation marks, and citation  
3 omitted).

4 {12} Indeed, Dr. Sides testified that during his initial visit with Worker, he had a  
5 copy of an operative report about the arthroscopic surgery of the knee referenced in  
6 the visit note. Considering the entire record, we determine that Dr. Sides was  
7 informed of pertinent information relating to the prior knee surgery. Because of the  
8 uncontroverted medical evidence rule, we will determine whether other expert  
9 medical testimony sufficiently contradicted Dr. Sides’ causation testimony, thereby  
10 permitting the WCJ to choose between competing opinions. *See Molinar, 2018-*  
11 *NMCA-011, ¶ 35.*

12 **Dr. Earl Latimer and Dr. Daniel Wascher’s Testimony**

13 {13} In support of its position that Worker was not entitled to workers’  
14 compensation benefits for the October 2015 injury, Employer presented the  
15 testimony of doctors Latimer and Wascher. In her compensation order, the WCJ  
16 considered the testimony of each of these experts but chose to disregard their  
17 opinions. The WCJ found Dr. Latimer’s opinion inadequate because “[w]hen  
18 questioned why he characterized the work injury as an exacerbation as opposed to  
19 an aggravation, Dr. Latimer responded by saying, ‘Maybe I was being optimistic it  
20 would get better.’” Although Dr. Latimer placed Worker’s injury at maximum

1 medical improvement (MMI) on February 17, 2017, he acknowledged that Worker  
2 continued to seek care after that date. When asked if there was any indication that  
3 Worker had prior problems with his knee or was symptomatic before March 2015  
4 Dr. Latimer stated that “[m]y understanding was it was not symptomatic.” When  
5 asked if Worker was still symptomatic a year and a half after the October 2015  
6 accident, Dr. Latimer stated, “Yes.” When asked whether his opinion that Worker’s  
7 MMI had changed given that Worker sought care several times afterward, Dr.  
8 Latimer testified, “For the original injury—for lack of a better term, contusion to the  
9 knee or exacerbation or aggravation—had reached [MMI] for that injury.” Despite  
10 these inconsistencies, Dr. Latimer ultimately concluded in a progress note dated  
11 January 18, 2016, that Worker suffered an exacerbation of a preexisting condition.

12 {14} Additionally, Dr. Latimer stated x-rays indicated that “[b]oth knees showed  
13 severe degenerative changes with bone[-]on[-]bone contact in the medial  
14 compartment or the inside compartment of both knees.” Dr. Latimer testified that he  
15 understood that “[e]xacerbation means that there’s a problem and there’s an injury  
16 that made the problem worse. An exacerbation, the injury tends to get better and an  
17 aggravation, the injury doesn’t get better.” This is not the standard for establishing  
18 an aggravation of a preexisting condition. In *Molinar*, this Court clarified that  
19 “[w]orker was not required to show a medical aggravation—i.e., physiological  
20 deterioration—of his condition in order to establish he had suffered an aggravation-

1 type injury, but only that the work-related accident aggravated the preexisting  
2 condition *by changing the course of the ailment or its treatment.*” 2018-NMCA-011,  
3 ¶ 45 (emphases added) (internal quotation marks and citation omitted).

4 {15} The WCJ similarly found Dr. Wascher’s testimony inadequate. Dr. Wascher,  
5 like Dr. Latimer, testified,

6 I thought that he had a fairly severe osteoarthritis at the time of the work  
7 injury, and that the work injury had exacerbated his osteoarthritis  
8 symptoms. He had improvement after some treatment with Dr. Latimer  
9 and had been placed at MMI, and I agreed with Dr. Latimer’s  
10 assessment. And then he has had continuing deterioration of his knee  
11 symptoms, which to me was basically an expected progression of his  
12 underlying osteoarthritis.

13 Dr. Wascher observed that Worker was walking with a cane in November 2018 and  
14 reported that Worker was experiencing knee pain, buckling sensation, and popping.  
15 When asked whether Worker had experienced any independent intervening event to  
16 the left knee since the work accident, Dr. Wascher stated, “Not to that knee.” For the  
17 injury to go from an exacerbation to an aggravation, Dr. Wascher testified that he  
18 “would need to see something structurally different” such as a fracture. Accordingly,  
19 Dr. Wascher’s opinion relies on the lack of structural changes in Worker’s knee after  
20 the accident, which is contrary to the legal standard established in *Schober v.*  
21 *Mountain Bell Telephone*, 1980-NMCA-113, ¶ 8, 96 N.M 376, 630 P.2d 1231.

22 {16} Consequently, because there was controverted medical evidence presented to  
23 the WCJ, she was free to “resolve the disagreement and determine what the true facts

1 are.” *Molinar*, 2018-NMCA-011, ¶ 30 (internal quotation marks and citation  
2 omitted). Here, the WCJ resolved the disagreement and found that reliable and  
3 credible evidence provided by Dr. Sides established that Worker had not sought  
4 regular medical treatment for his left knee before the work-related injury he suffered  
5 in 2015. After the accident, Worker required cortisone injections in his knees  
6 multiple times a year and experienced increased pain and discomfort in his knee in  
7 the years following the accident. Dr. Sides thus concluded that as a result of the  
8 work-related injury in October 2015 Worker suffered an aggravation of his  
9 preexisting injury.

10 {17} Having reviewed the whole record, bearing in mind that in reviewing the  
11 decision of the WCJ the function of this Court is not to determine whether evidence  
12 contained in the record would support a contrary finding; rather, it is whether  
13 scrutiny of the whole record indicates the existence of substantial evidence to  
14 support the WCJ’s decision, we conclude that the findings set out in the  
15 compensation order were supported by substantial evidence. *See Tallman*, 1988-  
16 NMCA-091, ¶¶ 8-10.

17 **CONCLUSION**

18 {18} For the foregoing reasons, the compensation order and order on the motion  
19 for reconsideration are affirmed.


1 {19} IT IS SO ORDERED.

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3

  
GERALD E. BACA, Judge

4 WE CONCUR:

5  
6

  
J. MILES HANISEE, Judge

7  
8

  
SHAMMARA H. HENDERSON, Judge