TENNESSEE BUREAU OF WORKERS' COMPENSATION
IN THE COURT OF WORKERS' COMPENSATION CLAIMS
AT JACKSON

MELVIN MOORE, **Employee**, **v.** **TYSON FOODS INC.,** **Employer**.	**Docket No. 2024-70-5096** **State File No. 64063-2023** **Judge Allen Phillips**

COMPENSATION ORDER DENYING BENEFITS

The Court held a compensation hearing on August 26, 2026. Without evidence that his injury arose primarily out of his employment at Tyson, Mr. Moore is not entitled to benefits.

Claim History

On July 14, 2023, Mr. Moore was struck on the back of his neck by frozen chicken that fell from an overhead conveyor. Tyson did not dispute the incident and sent Mr. Moore to an on-site nurse. Tyson later furnished a panel of physicians, and Mr. Tyson chose Dr. Peter Gardner.

The records of Dr. Gardner were not placed in evidence, but Mr. Moore testified Dr. Gardner told him that his neck problems were "age-related." Tyson filed a notice of denial stating that the injury and need for treatment did not arise primarily out of the employment.

Mr. Moore then sought treatment on his own from his primary care doctor and an orthopedic specialist. He offered records from those doctors. Tyson objected to their admission, and the Court sustained the objection. Any statements or opinions in the records are inadmissible hearsay not subject to Tyson's cross-examination. The Court marked the records as an exhibit for identification only.[1]

[1] Even if those records had been admitted into evidence, they contained nothing proving that Mr. Moore's injury arose primarily out of his employment.

Tyson terminated Mr. Moore, and the separation notice lists disciplinary violations. Mr. Moore said he allegedly performed poorly on the production line and once used a cough drop that his superiors said violated a rule prohibiting eating while on the line. He believes those reasons were pretextual and the real reason was that he initially retained an attorney.

As to requested benefits, Mr. Moore testified only that he wanted Tyson to "treat [him] fairly." The Court asked him to clarify more than once the specific benefits he wanted, and each time he said he just wanted Tyson to treat him fairly.

Tyson contended Mr. Moore offered no proof that his injury arose out of his employment.

Findings of Fact and Conclusions of Law

At this compensation hearing, Mr. Moore must prove all elements of his claim by a preponderance of the evidence. Tenn. Code Ann. § 50-6-239(c)(6) (2026).

Mr. Moore must prove that he sustained an injury arising primarily out of his employment at Tyson. An injury arises primarily out of the employment only if a specific incident contributes more than 50% in causing the injury to a reasonable degree of medical certainty. A reasonable degree of medical certainty means a physician says an injury was more likely than not work-related. *Id.* § 50-6-102(12)(A)-(D).

Mr. Moore proved a specific incident, but he offered no evidence that his injury arose primarily out of his employment at Tyson. In the absence of that evidence, the Court must deny his claim for benefits.

IT IS, THEREFORE, ORDERED as follows:

1. Mr. Moore's claim for benefits is denied, and the case is dismissed with prejudice to refiling.

2. The Court taxes the $150.00 filing fee to Tyson, to be paid to the Court Clerk under Tennessee Compilation Rules and Regulations 0800-02-21-.06 (2026) within five business days of this order becoming final, and for which execution might issue if necessary.

3. Tyson shall file a Statistical Data Form (SD2) with the Court Clerk within ten business days of the date this order issues.

4. Unless appealed, this order shall be final 30 days after entry.

ENTERED September 8, 2026.

JUDGE ALLEN PHILLIPS
Court of Workers' Compensation Claims

APPENDIX

Exhibits:

1. Separation Notice
2. Collective medical records (Identification only)
3. Wage Statement
4. Notice of Denial
5. Panel of Physicians

CERTIFICATE OF SERVICE

I certify that a copy of this order was sent as shown on September 8, 2026.

Name	Email	Service sent to:
Melvin Moore, Employee	X	[redacted]
Jared Renfroe, Employer's Attorney	X	jrenfroe@spicerfirm.com

PENNY SHRUM, COURT CLERK
wc.courtclerk@tn.gov

Right to Appeal:

If you disagree with the Court's Order, you may appeal to the Workers' Compensation Appeals Board. To do so, you must:

1. Complete the enclosed form entitled "Notice of Appeal" and file it with the Clerk of the Court of Workers' Compensation Claims before the expiration of the deadline.
   - If the order being appealed is "expedited" (also called "interlocutory"), or if the order does not dispose of the case in its entirety, the notice of appeal *must* be filed *within seven (7) business days* of the date the order was filed.
   - If the order being appealed is a "Compensation Order," or if it resolves all issues in the case, the notice of appeal *must* be filed *within thirty (30) calendar days* of the date the Compensation Order was filed.

   When filing the Notice of Appeal, you must serve a copy on the opposing party (or attorney, if represented).

2. You must pay, via check, money order, or credit card, a **$75.00 filing fee** *within ten calendar days* after filing the Notice of Appeal. Payments can be made in-person at any Bureau office or by U.S. mail, hand-delivery, or other delivery service. In the alternative, you may file an Affidavit of Indigency (form available on the Bureau's website or any Bureau office) seeking a waiver of the filing fee. You must file the fully-completed Affidavit of Indigency *within ten calendar days* of filing the Notice of Appeal. **Failure to timely pay the filing fee or file the Affidavit of Indigency will result in dismissal of your appeal.**

3. You are responsible for ensuring a complete record is presented on appeal. If no court reporter was present at the hearing, you may request from the Court Clerk the audio recording of the hearing for a $25.00 fee. If you choose to submit a transcript as part of your appeal, which the Appeals Board has emphasized is important for a meaningful review of the case, a licensed court reporter must prepare the transcript, and you must file it with the Court Clerk. The Court Clerk will prepare the record for submission to the Appeals Board, and you will receive notice once it has been submitted. For deadlines related to the filing of transcripts, statements of the evidence, and briefs on appeal, see the applicable rules on the Bureau's website at https://www.tn.gov/wcappealsboard. (Click the "Read Rules" button.)

4. After the Workers' Compensation Judge approves the record and the Court Clerk transmits it to the Appeals Board, a docketing notice will be sent to the parties.

   If neither party timely files an appeal with the Appeals Board, the Court Order becomes enforceable. See Tenn. Code Ann. § 50-6-239(d)(3) (expedited/interlocutory orders) and Tenn. Code Ann. § 50-6-239(c)(7) (compensation orders).

For self-represented litigants: Help from an Ombudsman is available at 800-332-2667.

NOTICE OF APPEAL

Tennessee Bureau of Workers' Compensation
www.tn.gov/workforce/injuries-at-work/
wc.courtclerk@tn.gov | 1-800-332-2667

Docket No.: _____

State File No.: _____

Date of Injury: _____

_____
Employee

v.

_____
Employer

Notice is given that _____
[List name(s) of all appealing party(ies). Use separate sheet if necessary.]

appeals the following order(s) of the Tennessee Court of Workers' Compensation Claims to the Workers' Compensation Appeals Board (check one or more applicable boxes and include the date file-stamped on the first page of the order(s) being appealed):

☐ Expedited Hearing Order filed on _____ ☐ Motion Order filed on _____

☐ Compensation Order filed on_____ ☐ Other Order filed on_____

issued by Judge _____.

Statement of the Issues on Appeal

Provide a short and plain statement of the issues on appeal or basis for relief on appeal:

_____
_____
_____
_____

Parties

Appellant(s) (Requesting Party): _____ ☐ Employer ☐ Employee
Address: _____ Phone: _____
Email: _____
Attorney's Name: _____ BPR#: _____
Attorney's Email: _____ Phone: _____
Attorney's Address: _____

** Attach an additional sheet for each additional Appellant **

Appellee(s) (Opposing Party): _____ ☐ Employer ☐ Employee
Appellee's Address: _____ Phone: _____
Email: _____
Attorney's Name: _____ BPR#: _____
Attorney's Email: _____ Phone: _____
Attorney's Address: _____

** Attach an additional sheet for each additional Appellee **

CERTIFICATE OF SERVICE

I, _____, certify that I have forwarded a true and exact copy of this Notice of Appeal by First Class mail, postage prepaid, or in any manner as described in Tennessee Compilation Rules & Regulations, Chapter 0800-02-21, to all parties and/or their attorneys in this case on this the _____ day of _____, 20 ____.

_____
[Signature of appellant or attorney for appellant]