

U. S. DEPARTMENT OF LABOR

Employees' Compensation Appeals Board

In the Matter of WILLIAM LAMBERT and DEPARTMENT OF JUSTICE,
DRUG ENFORCEMENT ADMINISTRATION, El Paso, Tex.

*Docket No. 96-1516; Submitted on the Record;
Issued April 23, 1998*

DECISION and ORDER

Before MICHAEL J. WALSH, BRADLEY T. KNOTT,
A. PETER KANJORSKI

The issue is whether appellant's heart condition is causally related to factors of his employment.

The case has been on appeal previously.¹ In an April 28, 1995 decision, the Board noted that appellant had cited several factors in his employment as the cause of his diagnosed coronary artery disease. The Board found that several factors cited by appellant, including his reassignment as a watch officer and his inability to carry a firearm, were administrative actions and therefore were not factors that were considered to be within the performance of appellant's assigned duties. The Board further found that there was no evidence of record to show that the employing establishment erred or acted abusively in these administrative actions. The Board, however, found that appellant had cited many other stressful factors that would be considered part of his assigned duties such as conducting searches or surveillance, making arrests, participating in high speed chases, working undercover, receiving verbal abuse and threats from suspects and testifying in open court with the knowledge that associates of the accused would be attending. Appellant also indicated that as a watch officer he had pressure to report research promptly, an occasional inability to contact a case agent or witness thereby endangering the requesting officer and an occasional inability to contact appropriate authorities to intercept smuggling attempts. He stated that the ringing of multiple telephones at the employing establishment increased the volume of his tinnitus. The Board remanded the case so that the Office of Workers' Compensation Programs could consider appellant's contentions that his regularly assigned duties caused him stress which in turn caused his coronary artery disease.

The Office referred appellant, together with the statement of accepted facts and the case record, to Dr. David C. Gough, a Board-certified cardiologist, for an examination and second opinion. Dr. Gough noted that Dr. Juan C. Ruffier, a cardiologist, had performed a Thallium

¹ Docket No. 93-2372 (issued April 28, 1995). The history of the case is contained in the prior decision and is incorporated by reference.

perfusion scan and a coronary angiogram and had concluded that appellant had sustained a myocardial infarction based on vasospasm of small coronary vessels, in the absence of disease of the major epicardial coronary arteries. Dr. Gough stated that he saw no diagnostic evidence of coronary artery disease sufficient to produce myocardial infarction. He indicated that there was no left ventricular wall motion abnormality to indicate a previous myocardial infarction. Dr. Gough commented that it was difficult to pursue an argument of stress-induced myocardial infarction in the absence of clinically accepted markers of myocardial infarction. He diagnosed an aortic valve disease of moderate severity most likely on the basis of a congenitally bicuspid valve without adequate clinical evidence to support a diagnosis of arteriosclerotic heart disease with myocardial infarction. Dr. Gough stated that in the absence of documented ischemic heart disease the question of causal relationship was not relevant.

The Office referred appellant, together with the statement of accepted facts and the case record, to Dr. Majid A. Syed, a Board-certified cardiologist, to resolve the conflict between Dr. Ruffier and Dr. Gough on the diagnosis and cause of appellant's heart condition. In a December 19, 1995 report, Dr. Syed diagnosed severe to critical aortic stenosis. He stated that there was no evidence that appellant had ever had ischemic heart disease. Dr. Syed concluded that appellant had not sustained a prior myocardial infarction because appellant's electrocardiogram did not show any evidence of a myocardial infarction, the echocardiogram did not show any wall motion abnormality and appellant did not have any evidence of occlusive coronary artery disease during his cardiac catheterization. He commented that a non-transmural defect involving the inferior wall during a stress thallium study was a rather common finding and more often than not was due to an artifact rather than actual damage to the myocardium. Dr. Syed stated that the diagnosis of severe to critical aortic stenosis was being made on the basis of symptoms in that appellant had exertional shortness of breath at a very low level of physical activity, physical findings suggestive of significant aortic stenosis and an echocardiogram showing a reduced aortic valve area. He concluded that appellant's heart condition was not related to his employment because no studies had ever shown that any kind of stress on a patient could cause aortic stenosis.

In a January 16, 1996 decision, the Office rejected appellant's claim for compensation on the grounds that the evidence of record failed to demonstrate a causal relationship between the work incident and the claim condition.

The Board finds that appellant's heart condition was not causally related to factors of his employment.

The Office referred appellant to Dr. Syed to resolve a conflict in the medical evidence on the diagnosis of appellant's heart condition and the cause of the heart condition. In his report Dr. Syed concluded, based on the medical tests performed, that appellant had not sustained a myocardial infarction as diagnosed by Dr. Ruffier. In a well-rationalized report, Dr. Syed pointed out how the medical findings of record point toward a diagnosis of aortic valve stenosis rather than ischemic heart disease. Dr. Syed indicated that there was no study that had ever related aortic stenosis to stress. In situations when there exists opposing medical reports of virtually equal weight and rationale, and the case is referred to an impartial specialist for the purpose of resolving the conflict, the opinion of such specialist, if sufficiently well rationalized

and based upon a proper factual background, must be given special weight.² Dr. Syed's report meets that standard and therefore must be given special weight. In the circumstances of this case, Dr. Syed's report constitutes the weight of the medical evidence, establishing that appellant's heart condition is not causally related to factors of his federal employment.

The decision of the Office of Workers' Compensation Programs, dated January 16, 1996, is hereby affirmed.

Dated, Washington, D.C.
April 23, 1998

Michael J. Walsh
Chairman

Bradley T. Knott
Alternate Member

A. Peter Kanjorski
Alternate Member

² *James P. Roberts*, 31 ECAB 1010 (1980)