

U. S. DEPARTMENT OF LABOR

Employees' Compensation Appeals Board

In the Matter of RUTH HUFF, claiming as the widow of HENRY HUFF and SMITHSONIAN INSTITUTION, CHESAPEAKE BAY CENTER FOR ENVIRONMENTAL STUDIES, Edgewater, Md.

*Docket No. 97-1006; Submitted on the Record;
Issued December 7, 1998*

DECISION and ORDER

Before MICHAEL J. WALSH, WILLIE T.C. THOMAS,
MICHAEL E. GROOM

The issue is whether appellant has met her burden of proof to establish that the employee sustained a myocardial infarction on April 22, 1979 and any disability during the period October 23, 1978 through April 22, 1979 causally related to the employee's employment-related October 31, 1977 myocardial infarction.

The Board has duly reviewed the case record in this appeal and finds that appellant has failed to meet her burden of proof to establish that the employee sustained a myocardial infarction on April 22, 1979 and any disability during the period October 23, 1978 through April 22, 1979 causally related to the employee's employment-related October 31, 1977 myocardial infarction.

This case has previously been before the Board on three occasions. In an October 21, 1986 decision,¹ the Board remanded the case to the Office of Workers' Compensation Programs to refer the employee back to Dr. Steven K. Kaufman, a Board-certified cardiologist, previously selected as an impartial medical specialist pursuant to 5 U.S.C. § 8123 for an opinion addressing whether the employee's April 22, 1979 myocardial infarction and resulting disability were causally related to the employee's accepted October 31, 1977 myocardial infarction or residuals of that myocardial infarction. In an April 10, 1991 decision,² the Board found Dr. Kaufman's report insufficient to resolve the conflict in the medical opinion evidence and remanded the case to the Office to refer the employee to another specialist to resolve the conflict. The Board also remanded the case for the Office to adjudicate the employee's claim for compensation for the period October 23, 1978 through April 22, 1979. In an August 21, 1995 decision,³ the Board

¹ Docket No. 86-974 (issued October 21, 1986).

² Docket No. 91-99 (issued April 10, 1991).

³ Docket No. 94-127 (issued August 21, 1995).

found the medical report of Dr. James M. Bacos, a Board-certified cardiologist and impartial medical specialist, insufficient to resolve the conflict in the medical opinion evidence and remanded the case to the Office to refer the employee to another specialist to resolve the conflict. The facts and history of the case noted in the Board's prior decisions are incorporated herein by reference.

In accordance with the Board's August 21, 1995 decision, the Office referred the employee's medical records, a statement of accepted facts and a list of specific questions to Dr. Baikunth K. Singh, a Board-certified cardiologist, for an impartial medical examination to resolve the conflict in the medical opinion evidence pursuant to section 8123(a). In situations where there are opposing medical reports of virtually equal weight and rationale, and the case is referred to an impartial medical specialist for the purpose of resolving the conflict, the opinion of such specialist, if sufficiently well rationalized and based on a proper factual background, must be given special weight.⁴

In his February 12, 1995 medical report, Dr. Singh provided a review of medical records, and a history of the accepted October 31, 1977 myocardial infarction and the April 22, 1979 myocardial infarction. In response to the Office's question whether the employee's 1979 myocardial infarction was causally related to the 1977 myocardial infarction, Dr. Singh answered "[u]nequivocally, no." Dr. Singh reasoned:

"[T]he late [employee] was a prime candidate for development of premature atherosclerotic occlusive coronary artery disease because he suffered from major coronary risk factors as outlined above. He had onset of angina in 1976 which was due to severe coronary artery atherosclerotic disease indicating a preexisting coronary atherosclerosis which is not an employment-related process. The myocardial infarction of 1977 presumably occurred due to severe blockage of one major coronary artery (cardiac catheterization report not included). This infarction, although damaged his heart muscle to a certain extent permanently, did not affect native coronary circulation of the remaining coronary tree. The persistent progression of coronary atherosclerosis of the remaining coronary arteries was a pathological factor for development of his second myocardial infarction in 1979. Therefore, the infarctions of 1977 and 1979 were not causally related to one another but were independently caused by similar pathological process."

In response to the Office's question whether the employee had any residual impairment due to his 1977 myocardial infarction, Dr. Singh stated:

"[I]t appears that the myocardial infarction of 1977 was of moderate intensity. The discharge summary report from that hospitalization stated the chest x-ray was within normal limits, *i.e.*, he did not develop any significant enlargement of the heart size or signs of congestive heart failure as a result of his myocardial infarction. Based on this information, I would conclude that his myocardial

⁴ Nancy Lackner Elkins, 44 ECAB 840, 847 (1993).

infarction of 1977 was not complicated by development of any significant cardiac impairment.”

In response to the Office’s question whether the employee was disabled for work from October 23, 1978 until April 22, 1979 due to the 1977 myocardial infarction, Dr. Singh answered:

“[T]his man returned to work on November 18, 1978 on light duty which he performed successfully until rehospitalized for a second myocardial infarction on April 23, 1979. I would, therefore, conclude that he was not totally disabled from work during this period as a result of his first infarction in 1977. His file does not contain any objective testing for cardiac function during that period.”

As Dr. Singh provided a well-rationalized opinion based on a complete medical and factual background, the Board finds that his report is entitled to special weight and establishes that the employee did not sustain a myocardial infarction on April 22, 1979 or disability during the period October 23, 1978 through April 22, 1979 causally related to the employee’s employment-related October 31, 1977 myocardial infarction.

The February 28, 1996 decision of the Office of Workers’ Compensation Programs is hereby affirmed.

Dated, Washington, D.C.
December 7, 1998

Michael J. Walsh
Chairman

Willie T.C. Thomas
Alternate Member

Michael E. Groom
Alternate Member