

internal derangement of the knees, bilateral hip strains, bilateral ankle sprains, bilateral foot sprains, pelvis strain and derangement of lateral meniscus.³

The Board has duly considered the matter and notes that the case is not in posture for a decision. While the claim before the Board, No. xxxxxx907 pertains to claim for an occupational disease which appellant became aware of on November 17, 2005, involving back and bilateral shoulder pain caused by prolonged walking and standing in her job as security attendant, OWCP's November 18, 2010 decision, as noted above, also references claims from other injuries related to appellant's neck, back and hips in claim No. xxxxxx265, and claim No. xxxxxx315 in which appellant alleged that she developed derangement of the knees, bilateral hip strains, bilateral ankle sprains, bilateral foot sprains, pelvis strain and derangement of lateral meniscus on November 17, 2005. In the November 18, 2010 decision, an OWCP hearing representative also noted reviewing findings in claim file numbers xxxxxx265 and xxxxxx315,⁴ specifically noting that on September 1, 2009 in claim No. xxxxxx265, OWCP terminated appellant's compensation and medical benefits for the condition of fibromyalgia and that on July 11, 2007, in claim No. xxxxxx315, OWCP issued a loss of wage-earning capacity determination based on the job offer of security attendant effective April 27, 2007. OWCP's hearing representative further noted that reports from Dr. Jacob Salomon from August 17, 2009 to July 16, 2010, advised that appellant's current medical conditions were job related, and had been present since the 1990's and that she had been misdiagnosed with fibromyalgia under claim No. xxxxxx265 and that her condition was a composition of bilateral shoulder tendinitis and rotator cuff tears and lumbar disc disease which were attributed to her November 17, 2005 injury in claim No. xxxxxx315.

Pursuant to OWCP procedures, OWCP has determined that cases should be combined where correct adjudication depends on cross-referencing between files. In the instant appeal, it appears that, for a full and fair adjudication, OWCP claims pertaining to appellant's bilateral shoulder tendinitis and rotator cuff tears and lumbar disc disease should be combined pursuant to OWCP procedures.⁵ This will allow OWCP to consider all relevant claim files in developing appellant's claim. Moreover, to consider appellant's appeal at this stage would involve a piecemeal adjudication of the issues in this case and raise the possibility of inconsistent results. It is the Board's policy to avoid such an outcome.⁶

The case will be remanded to OWCP to combine case file numbers xxxxxx907, xxxxxx265 and xxxxxx315. Following this and such other development as deemed necessary, OWCP shall issue an appropriate merit decision on appellant's claim.

³ Appellant filed an occupational disease claim alleging that she developed pain in her feet, knees, hips and ankles due to prolonged standing and walking at work as a security attendant. She became aware of her condition on November 17, 2005 and underwent right knee surgery on July 3, 2006.

⁴ The complete medical records and factual information pertaining to these claims are not in the record before the Board.

⁵ Federal (FECA) Procedure Manual, Part 2 -- Claims, *File Maintenance and Management*, Chapter 2.400.8(c) (February 2000).

⁶ See *William T. McCracken*, 33 ECAB 1197 (1982).

IT IS HEREBY ORDERED THAT the November 18, 2010 decision be set aside and the matter remanded to the Office of Workers' Compensation Programs for further proceedings consistent with this order.

Issued: May 23, 2012
Washington, DC

Richard J. Daschbach, Chief Judge
Employees' Compensation Appeals Board

Alec J. Koromilas, Judge
Employees' Compensation Appeals Board

Colleen Duffy Kiko, Judge
Employees' Compensation Appeals Board