

U. S. DEPARTMENT OF LABOR

Employees' Compensation Appeals Board

In the Matter of NORMAN D. BARNETT and DEPARTMENT OF VETERANS AFFAIRS,
PORTLAND ADMINISTRATION VETERANS HOSPITAL, Grant's Pass, Oreg.

*Docket No. 96-276; Submitted on the Record;
Issued April 21, 1998*

DECISION and ORDER

Before WILLIE T.C. THOMAS, MICHAEL E. GROOM,
BRADLEY T. KNOTT

The issue is whether the Office of Workers' Compensation Programs met its burden of proof to terminate appellant's medical benefits.

In the present case, the Office had accepted that appellant, a licensed practical nurse, sustained a number of injuries during the course of her federal employment. The Office has accepted that appellant sustained a left shoulder strain while lifting a patient on July 31, 1981; that he sustained a lumbosacral strain on September 16, 1981 while lifting a patient; that appellant sustained a lumbar strain on March 26, 1982 while turning total care patients; and that on September 16, 1988 he sustained a right shoulder strain, back strain, and right rotator cuff syndrome while push/pulling surgical carts. The record indicates that appellant stopped work as a licensed practical nurse in September 1982 due to back, right arm and neck discomfort, was retrained as a medical assistant and returned to work at the employing establishment on July 9, 1984. Following her September 1988 injury, appellant returned to work on October 13, 1988 as a clerk, performing sedentary duties. Appellant resigned her federal employment in November 1988 and returned to nonfederal employment in November 1989. By decision dated July 13, 1995, the Office terminated appellant's compensation benefits on the grounds that the evidence of record did not establish residuals due to any employment injury. The Office also advised appellant that myofascial pain syndrome was not an accepted condition and therefore treatment was not authorized.

Once the Office accepts a claim, it has the burden of justifying termination or modification of compensation benefits.¹ Once the Office authorizes medical treatment, it may not terminate this authorization until it establishes that appellant no longer has residuals of an employment-related condition which require further medical treatment.²

¹ *Patricia A. Keller*, 45 ECAB 278 (1993).

² *Edward Schoening*, 41 ECAB 977 (1990).

In a report dated April 25, 1994, Dr. W. Carl Allen appellant's treating physician, reported that appellant had complaints of pain in her neck, right shoulder, right arm and low back. Dr. Allen stated that appellant had sustained cervical dorsal lumbar strain and impingement syndrome of the right shoulder which was industrially related and that subsequent to the strain injuries appellant had developed myofascial pain syndrome. Dr. Allen concluded that when he last saw appellant on April 1, 1994 she "was virtually asymptomatic," but as appellant was moving to Arizona he had advised her to contact a therapist in Arizona for continued myofascial treatment, which would be expected to continue for another two to four weeks. Dr. Allen stated that appellant could work with restrictions, but was subject to recurrences of the conditions. His report therefore supports a finding that appellant's accepted conditions had resolved. Dr. Allen's report indicates that as of April 1, 1994 appellant had myofascial pain syndrome, which he causally related to the accepted employment injuries, and for which she was receiving continued medical treatment. The Office had not previously accepted that this condition was caused by appellant's employment injuries. Appellant therefore bore the burden of proof to establish that the myofascial pain syndrome was causally related to the accepted injuries. Dr. Allen offered no medical rationale to causally relate this condition to appellant's accepted employment injuries. A physician's opinion supporting causal relationship between a claimant's disability and a specific employment incident or factors of employment is not dispositive of the issue of causal relationship simply because it is rendered by a physician. To be of probative value to an employee's claim, the physician must provide rationale for the opinion reached. Where no such rationale is present, the medical opinion is of diminished probative value.³

In a report dated August 16, 1994, Dr. Cornelia M. Byers, Board certified in internal medicine, stated that appellant had been referred for treatment of chronic myofascial pain syndrome by Dr. Allen. Dr. Byers stated her impression of appellant's condition as chronic diffuse myofascial pain/fibromyalgia with symptomatic areas of cervical, right upper quadrants, low back and hips; cervical degenerative disc disease, unrelated to the industrial injury; right rotator cuff calcific tendinitis, possibly related to the original injury. Dr. Byers offered no opinion as to whether appellant still had residuals of the accepted strain injuries and "rotator cuff syndrome." Furthermore, Dr. Byers offered no causal relationship to explain why the conditions she did diagnose were causally related to the accepted injuries. As such her report is of diminished probative value.

On February 15, 1995 the Office referred appellant to Dr. Thomas Martens, a Board-certified orthopedic surgeon, and Dr. James Watson, a Board-certified neurologist for a second opinion evaluation. In their report dated March 18, 1995, these physicians stated that the magnetic resonance imaging (MRI) scan performed on July 14, 1993 showed degenerative changes of the mid cervical spine, but no disc herniation, and lumbosacral degenerative changes. X-rays of appellant's right shoulder showed some calcific tendinitis, but no rotator cuff tear. Drs. Martens and Watson concluded that appellant's July 31, 1981 injury was a strain of the left shoulder, that the September 16, 1981 injury was a lumbosacral strain; that the March 26, 1982 injury was a recurrent lumbosacral strain; and that the September 15, 1982 injury was a thoracolumbar and cervico thoracic strain, and right shoulder strain. The physicians concluded

³ *Michael Stockert*, 39 ECAB 1186 (1988).

that while appellant had continued pain in her right shoulder and trochanter, she had degenerative changes in her cervical spine and lumbosacral spine which could account for the recurrent aching in her neck and back. Dr. Martens and Dr. Watson concluded that appellant had received the strain-type injuries that occurred while at work, without any permanent impairment and that appellant's employment injuries did not cause irreversible change.

In a letter to Drs. Martens and Watson dated May 23, 1995, the Office requested that they clarify with medical rationale how they had concluded that appellant's employment injuries "were strains from which she has recovered without permanent impairment;" whether given x-rays dated September 22, 1988 which showed peritendinitis calcaria of the right shoulder; this was a preexisting condition unrelated to appellant's employment injuries; whether there was evidence of myofascial pain syndrome; and whether such was due to appellant's underlying arthritic condition or her employment injuries. In a report dated June 6, 1995, Drs. Watson and Martens reiterated that appellant's 1981 injuries were strain injuries. The physicians stated that the September 22, 1988 x-rays of appellant's right shoulder showed peritendinitis calcaria, which was a calcification about the tendon of the right shoulder, which was not related to the strain of the left shoulder of July 31, 1981. Finally, Drs. Watson and Martens indicated that the diagnosis of chronic myofascial pain syndrome implied that there was some abnormality in the muscle fascia junction, however, they did not find any abnormality of the myofascial junction. They concluded that the "arthritic condition" was not related to appellant's employment.

The reports from Dr. Watson and Dr. Martens support a conclusion that the accepted strain conditions had ceased. The Office had also previously accepted that appellant had sustained a "rotator cuff syndrome" caused by the 1988 injury. While Dr. Byer's related that appellant had right rotator cuff calcific tendinitis possibly related to her employment injury. Drs. Watson and Martens made no findings and offered no opinion regarding the accepted rotator cuff syndrome, or the rotator cuff tendinitis. The Board is therefore unable to determine from the record whether the accepted condition of "right rotator cuff syndrome" had ceased or whether the diagnosed rotator cuff tendinitis is causally related to this condition or a residual thereof. The Office shall refer appellant for another second opinion evaluation to clarify whether appellant still has residuals of the accepted right rotator cuff syndrome and whether the rotator cuff tendinitis is causally related to the accepted injury. After such further development as necessary, the Office shall issue a *de novo* decision.

The decision of the Office of Workers' Compensation Programs is affirmed regarding the termination of medical benefits for the accepted shoulder and lumbosacral strain conditions. The decision is reversed regarding the termination of medical benefits for the accepted condition of right rotator cuff syndrome.

Dated, Washington, D.C.
April 21, 1998

Willie T.C. Thomas
Alternate Member

Michael E. Groom
Alternate Member

Bradley T. Knott
Alternate Member