

U. S. DEPARTMENT OF LABOR

Employees' Compensation Appeals Board

In the Matter of TIMOTHY F. ROBERTS and U.S. POSTAL SERVICE,
EVANS AVENUE STATION, San Francisco, Calif.

*Docket No. 96-1378; Submitted on the Record;
Issued April 1, 1998*

DECISION and ORDER

Before WILLIE T.C. THOMAS, BRADLEY T. KNOTT,
A. PETER KANJORSKI

The issue is whether appellant sustained psoriatic arthritis in the performance of duty.

This is the second appeal before the Board in this case. By decision issued September 25, 1995, the Board remanded the case for further development regarding whether appellant had developed psoriatic arthritis in the performance of duty.¹ The Board found there was a conflict of medical opinion between Dr. John S. Hege, a Board-certified internist specializing in rheumatology and second opinion physician, for the government and Dr. Neal S. Birnbaum, a Board-certified internist specializing in rheumatology, for appellant. The Board directed that appellant, the medical record and a statement of accepted facts be referred to an impartial medical examiner in the appropriate field of medical specialty and that an appropriate decision be issued following appropriate development. The law and facts of the case as set forth in the decision are incorporated by reference.

The Office of Workers' Compensation Programs referred appellant, the medical record and a statement of accepted facts to Dr. Lawrence Kaminsky, a Board-certified dermatologist and Dr. Jonathan Ellman, a Board-certified internist specializing in rheumatology, for an interdisciplinary impartial medical evaluation to take place on January 3, 1996.

In a January 18, 1996 report, Dr. Ellman reviewed the medical record and provided a history of condition and treatment. He noted findings on examination and diagnosed psoriatic arthritis of the fingers, neck, low back, knees and toes. Dr. Ellman opined that it was undetermined whether psoriasis was directly caused by physical or emotional trauma, although there was anecdotal evidence in the medical literature supporting a rebutting of such theory. He explained that psoriatic arthritis could occur with any degree of cutaneous psoriasis, but the pathophysiologic relationship between the two conditions was unknown. He noted that infectious organisms and genetic factors were thought to cause an abnormal immune response

¹ Docket No. 94-734.

resulting in cutaneous psoriasis, but the role of environmental factors remained unknown. Dr. Ellman concluded that the precise relation of trauma to psoriatic arthritis was unknown and although anecdotal reports suggested that trauma aggravated psoriatic arthritis, there was no clear support for this in the medical literature.²

Dr. Ellman opined that while trauma did not cause psoriatic arthritis, it could aggravate sites of preexisting psoriatic arthritis, which could become persistent sites of involvement. He noted that there was no current means of assessing an individual with cutaneous psoriasis as to whether psoriatic arthritis would later develop or if such individual was already developing subclinical changes in and around joints representative of psoriatic inflammation, such that trauma might cause the first clinical manifestation of arthritis, which had already in fact begun prior to the trauma. As applied to appellant's case, Dr. Ellman noted that there was no causal relationship between the October 29, 1989 injuries and the psoriatic arthritis of the fingers, low back and extremities. He opined that it was possible, but not medically probable, that the October 29, 1989 trauma caused or aggravated psoriatic arthritis in his neck. He asserted that appellant's psoriatic arthritis developed in relation to his long-standing cutaneous psoriasis.

In a January 30, 1996 report, Dr. Kaminsky reviewed the medical record, noting the onset of psoriasis in 1974, spreading to 15 percent of the body surface in 1980, unchanged until the October 29, 1989 incident causing the accepted right shoulder strain and cervical sprain. The psoriasis increased to 30 percent of the body surface area by February 1990, at which time appellant was diagnosed with psoriatic arthritis. Dr. Kaminsky noted that methotrexate treatment in 1993 had improved appellant's psoriatic arthritis but not his psoriasis and that Goeckerman UVB treatment in 1991 produced a 99 percent clearing of the psoriasis. Appellant experienced a flareup of symptoms after UVB treatment was discontinued. Dr. Kaminsky diagnosed severe psoriasis. Dr. Kaminsky opined that appellant's psoriasis was hereditary, but was affected by infections, skin trauma, hormonal factors, nonsteroidal anti-inflammatories, climate and possibly stress. He concluded that appellant's flareup of psoriasis following the October 29, 1989 injury was not causally related, as the flareup took place in February 1990, approximately three months after the injury, progressed slowly and failed to remain clear after UVB treatment. Dr. Kaminsky opined that the flareup was due to the natural progression of appellant's psoriasis and not to the October 29, 1989 incident. He noted that psoriasis could develop through traumatic skin injury, but only at the sites of direct injury.

By decision dated February 10, 1996, the Office denied appellant's claim for psoriatic arthritis on the grounds that causal relationship was not established. The Office found that the weight of the medical evidence was represented by Drs. Ellman and Kaminsky, who submitted well-rationalized reports based on a complete medical and factual history. The Office noted that Dr. Birnbaum's opinion that the October 29, 1989 injury caused appellant's psoriatic arthritis was based only on the fact that appellant did not manifest clinical symptoms of psoriatic arthritis prior to that date. The Office noted that the "mere fact that [appellant] did not have any joint symptoms prior to the October 29, 1989 injury [was] insufficient evidence to support causal relationship."

² Dr. Ellman referred to several medical publications suggesting an association between exacerbation of psoriatic arthritis and trauma, but noted that such anecdotal evidence had not been supported by appropriate clinical studies.

The Board finds that appellant has not established that he sustained psoriatic arthritis in the performance of duty as alleged.

To establish that a disease or condition was sustained in the performance of duty, a claimant must submit: (1) medical evidence establishing the presence or existence of the disease or condition for which compensation is claimed;³ (2) a factual statement identifying employment factors alleged to have caused or contributed to the presence or occurrence of the disease or condition;⁴ and (3) medical evidence establishing that the employment factors identified by the claimant were the proximate cause of the condition for which compensation is claimed⁵ or, stated differently, medical evidence establishing that the diagnosed condition is causally related to the employment factors identified by the claimant.⁶ The medical opinion must be one of reasonable medical certainty⁷ and must be supported by medical rationale explaining the nature of the relationship between the diagnosed condition and the specific employment factors identified by the claimant.⁸

In this case, although the record establishes that appellant sustained a cervical strain and right shoulder strain when a co-worker pulled appellant's chair out from under him on October 29, 1989, he has not provided sufficient information indicating that these injuries caused psoriatic arthritis.

In support of his claim, appellant submitted medical reports from Dr. Birnbaum, an attending Board-certified internist specializing in rheumatology, who provided an accurate history of injury and treatment and opined that appellant's psoriatic arthritis was causally related to the October 29, 1989 injuries as appellant did not have psoriatic arthritis prior to that date. As these reports contained insufficient rationale, appellant was referred to Dr. Hege, a Board-certified internist specializing in rheumatology, for a second opinion evaluation. When a conflict of medical opinion resulted, appellant was referred to Dr. Kaminsky, a dermatologist and Dr. Ellman, a rheumatologist, for an impartial medical evaluation.

Drs. Ellman and Kaminsky submitted detailed reports, based on the statement of accepted facts and the complete medical record, explaining that appellant's psoriatic arthritis was not causally related to the accepted October 29, 1989 cervical strain and right shoulder sprain. Both physicians attribute the psoriatic arthritis to factors other than the October 29, 1989 trauma, including heredity and appellant's long-standing history of cutaneous psoriasis beginning in

³ See *Ronald K. White*, 37 ECAB 176, 178 (1985).

⁴ See *Walter D. Morehead*, 31 ECAB 188, 194 (1979). The Office, as part of its adjudicatory function, must make findings of fact and a determination as to whether the implicated working conditions constitute employment factors prior to submitting the case record to a medical expert; see *John A. Snowberger*, 34 ECAB 1262, 1271 (1983); *Rocco Izzo*, 5 ECAB 161, 164 (1952).

⁵ *Georgia R. Cameron*, 4 ECAB 311-12 (1951).

⁶ See generally *Lloyd C. Wiggs*, 32 ECAB 1023, 1029 (1981).

⁷ See *Morris Scanlon*, 11 ECAB 384-85 (1960).

⁸ See *William E. Enright*, 31 ECAB 426, 430 (1980).

1974. In particular, Dr. Kaminsky provided a detailed review of the medical literature regarding whether physical trauma such as the October 29, 1989 injuries could cause psoriatic arthritis and concluded that there was no pathophysiologic relationship between the two. He also noted that appellant's flareup of psoriasis and diagnosis of psoriatic arthritis occurred in February 1990, approximately three months after the October 29, 1989 injuries, further negating a causal relationship. Dr. Ellman also reviewed the medical literature and opined that environmental factors such as physical trauma were not medically recognized as causative of psoriatic arthritis.

The Board finds that the weight of the medical evidence is represented by Drs. Ellman and Kaminsky, Board-certified specialists and impartial medical examiners, who provided detailed, well-rationalized reports explaining how and why the October 29, 1989 injuries did not cause appellant's claimed psoriatic arthritis.

Consequently, appellant has not established that he sustained psoriatic arthritis in the performance of duty on or before October 29, 1989, as he submitted insufficient medical evidence supporting a causal relationship between the accepted injuries or other factors of his federal employment and the claimed condition.

The decision of the Office of Workers' Compensation Programs dated February 10, 1996 is hereby affirmed.

Dated, Washington, D.C.
April 1, 1998

Willie T.C. Thomas
Alternate Member

Bradley T. Knott
Alternate Member

A. Peter Kanjorski
Alternate Member