

U. S. DEPARTMENT OF LABOR

Employees' Compensation Appeals Board

In the Matter of RANDALL R. SILVER and U.S POSTAL SERVICE,
POST OFFICE, Oklahoma City, Okla.

*Docket No. 97-208; Submitted on the Record;
Issued October 15, 1998*

DECISION and ORDER

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

The issue is whether the 1990 angioplasty appellant underwent is causally related to the appellant's 1985 angioplasty and the accepted condition of myocardial infarction.

The case is on appeal to the Board for the second time. The Office of Workers' Compensation Programs accepted appellant's claim for a myocardial infarction. Appellant was paid benefits from August 7 through November 9, 1985. Appellant underwent an angioplasty of the left anterior descending coronary artery on October 1, 1985. On November 9, 1985 appellant returned to work in a limited-duty position. Appellant stopped work on September 8, 1990 due to chest pains and shortness of breath, and on September 11, 1990 he underwent an angioplasty of the same artery as performed on October 1, 1985. Appellant returned to work on September 23, 1990 and sought compensation for his absence from work. By decision dated May 7, 1991, the Office denied appellant's claim, and denied appellant's request for reconsideration of the decision on December 11, 1991. The Office denied appellant's subsequent request for reconsideration in a decision dated April 12, 1993 which appellant appealed to the Board. In *Randall R. Silver*¹ the Board found that the Office abused its discretion in refusing to reopen appellant's case for a merit review under 5 U.S.C. § 8128 and remanded the case for the Office to perform a merit review and issue a *de novo* decision. By decision dated May 3, 1995, the Office denied appellant's reconsideration request. On April 22, 1996 appellant requested reconsideration of the decision. By decision dated July 30, 1996, the Office denied appellant's reconsideration request.

The Board has duly reviewed the case record and finds that appellant has not established that the 1990 angioplasty was causally related to the 1985 angioplasty and the July 29, 1985 myocardial infarction.

¹ Docket No. 93-2083 (issued March 3, 1995). The facts and history surrounding the prior appeal are set forth in the Board's decision and are hereby incorporated by reference.

An employee seeking benefits under the Federal Employees' Compensation Act has the burden of establishing the essential elements of his or her claim including the fact that the individual is an "employee of the United States" within the meaning of the Act, that the claim was filed within the applicable time limitation of the Act, that an injury was sustained in the performance of duty as alleged and that any disability and/or specific condition for which compensation is claimed are causally related to the employment injury.² These are the essential elements of each and every compensation claim regardless of whether the claim is predicated upon a traumatic injury or occupational disease.³

The medical evidence required to establish a causal relationship, generally, is rationalized medical evidence. Rationalized medical evidence is medical evidence which includes a physician's rationalized medical opinion on the issue of whether there is a causal relationship between the claimant's diagnosed condition and the implicated employment factors. The opinion of the physician must be based on a complete factual and medical background of the claimant, must be one of reasonable medical certainty, 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.⁴

In the present case, appellant submitted medical evidence to support his claim. In a report dated November 1, 1990, appellant's treating physician, Dr. Sergio San Pedro, an internist and cardiologist, stated that appellant's occupation is "very stress related, and the work environment was instrumental to his last onset of health problems." He stated that while appellant had an underlying condition of atherosclerosis, the residual damage to the heart caused by the first heart attack along with the stress of his employment aggravated and accelerated these problems causing his last episode. Dr. San Pedro noted that appellant underwent coronary arteriography on September 8, 1990 and an angioplasty on or around September 10, 1990. In a report dated March 8, 1991, Dr. Peter Louis, a Board-certified internist with a subspecialty in cardiovascular disease and an Office medical consultant, opined that the 1990 angioplasty was performed because of the natural progress or worsening of the underlying heart disease and not performed because of the cardiac event which occurred in 1985, nor the 1985 angioplasty.

In a report dated April 30, 1993, Dr. James Love, a Board-certified internist, noted that appellant had a myocardial infarction in 1985, that he had an angioplasty to that area at that time, and subsequently had a repeat angioplasty in the same area in 1990. He opined that the two angioplasties "[were] probably related," stating that there was frequently an increased amount of stenosis in an area that had endothelial changes secondary to angioplasty in the past. In a report dated February 15, 1996, Dr. Love stated that he reviewed appellant's charts, and stated that any injury to the coronary arteries, particularly in view of the fact that the remainder of appellant's coronary arteries were normal, was almost certainly related to the initial injury. He stated that:

² *Elaine Pendleton*, 40 ECAB 1143, 1145 (1989).

³ *Daniel J. Overfield*, 42 ECAB 718, 721 (1991).

⁴ *Gary L. Fowler*, 45 ECAB 365, 371; *Ern Reynolds*, 45 ECAB 690, 695 (1994).

“It is extremely suspicious that this occurred in this same site. Again, it is very important to note that this was in the same area of the original procedure, based on the review of the records. I would certainly recommend a re-review of this case, as I feel these two events are clearly related.”

The Office referred appellant to Dr. Henry B. Mobley, a Board-certified internist with a subspecialty in cardiovascular disease, for a second opinion. In a report dated May 15, 1996, after considering appellant’s history of injury and reviewing the medical reports of record, Dr. Mobley stated that the October 2, 1985 angioplasty was related by proximity to the July 29, 1985 myocardial infarction, and that if appellant had not had the myocardial infarction, he probably would not have had the angioplasty which was performed two months after the work-related myocardial infarction. Dr. Mobley opined that the September 11, 1990 angioplasty was probably necessary but was not likely to have been related to the July 29, 1985 myocardial infarction. He explained that appellant had a dominant right coronary artery, so it was most likely that appellant’s right coronary was involved in the inferior infarction in 1985, and that the 1990 angioplasty was done on the left coronary artery. He also noted that in October 1995 an arteriogram revealed a significant left anterior descending lesion which had not been significantly stenosed on August 1, 1995. Dr. Mobley stated that the artery that the 1990 angioplasty was performed upon was probably not the artery that was involved in the July 29, 1985 myocardial infarction. He further stated that the two-month progression of the left anterior descending lesion could not be work related because appellant was not at work.

To resolve the conflict between Dr. Love’s opinion that appellant’s 1990 angioplasty was related to the July 29, 1985 myocardial infarction and Dr. Mobley’s opinion that the 1990 angioplasty was not “likely to have been” related to the myocardial infarction, the Office referred appellant to Dr. Gerald F. Bulloch, a Board-Certified internist with a subspecialty in cardiovascular disease and an impartial medical specialist. In a report dated July 16, 1996, after considering appellant’s history of injury and reviewing appellant’s medical records, Dr. Bulloch concluded that the October 1, 1985 angioplasty was not related to the July 29, 1985 myocardial infarction because the myocardial infarction was an acute inferior wall injury, probably caused by transient occlusion of a minimally diseased right coronary artery, and the October 1, 1985 angioplasty was performed on the left anterior descending artery, a vessel anatomically unrelated to the inferior wall of appellant’s heart. He also stated that the September 11, 1990 angioplasty was not related to the July 29, 1985 myocardial infarction for the same reason. Dr. Bulloch stated that appellant’s left anterior descending artery did not serve the inferior wall and therefore the September 11, 1990 angioplasty on the left anterior descending artery could not be related to the July 29, 1985 myocardial infarction. He also stated that the location of the 1985 and 1990 angioplasties were identical, that is, the proximal segment of the left anterior descending artery.

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.⁵ In his July 16, 1995 report, Dr. Bulloch was not certain what caused appellant’s July 29, 1985 myocardial infarction as he stated twice that it

⁵ *Kathryn Haggerty*, 45 ECAB 383, 389 (1994); *Jane B. Roanhaus*, 42 ECAB 288 (1990).

“was probably” caused from transient occlusion of the artery which served the inferior wall, the right coronary artery. He stated, however, that the myocardial infarction was an acute inferior wall injury and the October 1, 1985 and September 11, 1990 angioplasties did not serve the inferior wall but were performed on the left anterior descending artery, and therefore the angioplasties could not be related to the July 29, 1985 myocardial infarction. The Board finds that Dr. Bulloch’s July 16, 1996 opinion is sufficiently well rationalized in establishing that appellant’s October 1, 1985 and September 11, 1990 angioplasties were not related to the July 29, 1985 myocardial infarction on the grounds that the angioplasties and the myocardial infarction were in different parts of the heart. As an impartial medical specialist, Dr. Bulloch’s opinion constitutes the weight of the evidence.

The decision of the Office of Workers’ Compensation Programs dated July 30, 1996 is hereby affirmed.

Dated, Washington, D.C.
October 15, 1998

Willie T.C. Thomas
Alternate Member

Bradley T. Knott
Alternate Member

A. Peter Kanjorski
Alternate Member