U. S. DEPARTMENT OF LABOR

Employees' Compensation Appeals Board

In the Matter of CHARLES W. RUNYON and PEACE CORPS,
Washington, DC

Docket No. 99-1157; Submitted on the Record;
Issued August 15, 2000

DECISION and ORDER

Before DAVID S. GERSON, WILLIE T.C. THOMAS,
MICHAEL E. GROOM

The issue is whether the Office of Workers' Compensation Programs met its burden of proof to terminate appellant's compensation effective on April 30, 1996 on the grounds that he had no disability due to his work-related condition.

On October 11, 1995 appellant, then a 67-year-old former Peace Corps Volunteer, filed a claim for occupational disease alleging that his heart attack as revealed by an electrocardiogram (EKG) was caused by working conditions while serving in Bishkek, Kyrghyzstan, USSR. He stated that he taught English for two years in Kyrghyzstan "under stressful conditions: lack of heat, terrible sanitation (and) a poorly lit and unventilated classroom."

On January 17, 1996 the Office accepted appellant's condition of temporary sinus bradycardia with first degree AV block and left axis deviation episode.

In an attending physician's report dated February 27, 1996, Dr. Terrance Langan, appellant's attending family practitioner, stated that appellant had angina and costochondritis (swelling of rib cartilage) which he noted were caused or aggravated by appellant's federal activity by checking a box. He noted that appellant was totally disabled from June 3, 1995 to January 1, 1997. Dr. Langan related that appellant "became ill whilst working in Asia -- developed chest pain. A subsequent investigation (in the United States) showed partial heart block."

In a medical report dated April 22, 1996, Dr. Christopher R. Gill, a Board-certified internist and cardiologist, noted that appellant's April 18, 1996 EKG revealed normal sinus rhythm with a normal axis and normal intervals with no acute ischemic changes. He also noted a normal cardiolyte scan. Dr. Gill also determined that appellant had variant angina based on chest pain although he noted that appellant "appears to have normal perfusion based on the cardiolyte scan." In a memorandum of a telephone conference dated April 23, 1996, the Office's nurse consultant stated that appellant's recent electrocardiogram (ECG) revealed that his

accepted condition had resolved but that he had been treated for unrelated angina and costochondritis conditions.

On April 26, 1996 the Office referred several questions to Dr. Gill including a question concerning whether appellant's disability was based on his accepted work-related injury or on a preexisting condition.

In a medical report dated April 30, 1996, Dr. Gill stated that appellant was not totally disabled at that time, and that, although appellant had angina, he was not at risk for a heart attack. He further noted that appellant's angina was not causally related to his work-related injury, noting further that it was "a preexisting condition … probably genetic in nature."

On May 20, 1996 the Office referred appellant's medical records and a statement of accepted facts to Dr. Henry B. Mobley, a Board-certified internist with a subspeciality in cardiovascular disease, for a second opinion to determine whether appellant had any current cardiovascular disease and if so, whether it was related to his work-related condition.

In a medical report dated May 22, 1996, Dr. Mobley reviewed appellant's medical history and stated:

> "[T]ransient sinus bradycardia with first degree block can be a relative benign ECG finding. The lack of evidence of decreased cardiac perfusion is an encouraging finding and would argue against atherosclerosis. Variant angina would suggest that [appellant] may have coronary artery spasms, which hopefully will respond to medication. In my opinion, [he] has an underlying cardiac disorder that became manifest[ed] or was aggravated while [he] was overseas. At most, this would be a temporary aggravation and would have ceased at the time of leaving the [employing established]. Now, with the report of a normal ECG (April 18, 1996), there is no evidence of damage to the heart. Therefore, it is my opinion that any work[-]related factors would have ceased with cessation of work, and certainly by the date of the normal ECG."

By letter dated July 29, 1996, the Office proposed termination of appellant's compensation for wage-loss benefits stating that his disability related to his work-related injury has ceased.

Appellant subsequently submitted additional evidence in support of his claim, consisting of an August 8, 1996 medical report from Dr. Gill who noted that appellant had an apparent case of variant angina which he was treating with medication.

By decision dated October 30, 1996, the Office terminated benefits on the grounds that the disability resulting from his work-related condition had ceased. In a memorandum accompanying the decision, the Office stated that Dr. Gill's August 8, 1996 medical report did not relate appellant's condition to his work-related condition nor did it note that appellant remained disabled.

On November 20, 1996 appellant requested an oral hearing on the Office's October 30, 1996 decision terminating benefits.

In a medical report dated November 26, 1996, Dr. Kerby J. Stewart, appellant's treating physician and a specialist in cardiovascular disease, stated that appellant's condition of sinus bradycardia with first degrees AV block and left axis deviation had resolved. He stated that appellant was disabled as a result of persistent angina and resultant heart dysfunction and not caused by "transient findings on an EKG done in June 1995." Dr. Stewart added that appellant's current condition was variant angina with left heart dysfunction.

In a medical report dated January 16, 1997, Dr. George P. Rodgers, a Board-certified internist and cardiologist, stated that appellant's December 19, 1996 ECG revealed a normal sinus rhythm with left axial deviation and no evidence of a one degree AV block. He noted that appellant had Prinzmetal's angina which was reasonably controlled through nitrates. On June 3 and September 16, 1997 Dr. Rodgers stated that appellant had Prinzmetal's (variant) angina and mild hypertension.

A hearing was held on October 21, 1997 at which time appellant testified that he believed other heart related health issues should have been accepted by the Office as work related.

In a decision issued on January 2, 1998 and finalized on January 5, 1998, the hearing representative affirmed the Office's October 30, 1996 decision finding that the medical evidence did not establish that he was disabled as a result of his work-related injury.

On September 3, 1998 appellant requested reconsideration. In support of his request, appellant submitted an August 3, 1998 medical report from Dr. Thomas S. Parker, Board-certified in internal medicine, who stated: "It seems strongly likely that the syndrome of vasospastic angina which [appellant] now suffers was a direct result of the myocarditis suffered when he was serving in the Peace Corps in central Asia. Given that he never had such symptoms before and has had continual symptoms since then, this episode of (presumed) myocarditis is the likely trigger."

In a decision dated December 9, 1998, the Office denied modification of its prior decisions. The Office noted the medical report of Dr. Parker was insufficient to overcome the weight of the medical evidence of record which established that appellant no longer had residuals from his work-related injury.

The Board finds that the Office met its burden of proof to terminate appellant's compensation effective April 30, 1996 on the grounds that he had no disability due to his accepted employment injury after that date.

Once the Office accepts a claim, it has the burden of proving that the disability has ceased or lessened in order to justify termination or modification of compensation benefits.[1] After it has determined that an employee has disability causally related to his or her federal

[1] *Mohamed Yunis*, 42 ECAB 325, 334 (1991).

employment, the Office may not terminate compensation without establishing that the disability has ceased or that it is no longer related to the employment.[2] Furthermore, the right to medical benefits for an accepted condition is not limited to the period of entitlement for disability.[3] To terminate authorization for medical treatment, the Office must establish that appellant no longer has residuals of an employment-related condition which require further medical treatment.[4]

In this case, the Office accepted appellant's condition of temporary sinus bradycardia with first degree AV block and left axis deviation episode based on an August 26, 1995 medical report from Dr. Brant, a Board-certified family practitioner and an evaluating physician for the employing establishment. Subsequent to that examination, the record contains multiple medical reports which specifically stated that appellant had no residuals of his work-related injury.[5] Dr. Langan, appellant's treating physician who is a family practitioner, stated that appellant had angina and costochondritis and related that condition to his "working in Asia." However, the Office did not accept these conditions as work related and thus his report is of diminished probative value. Dr. Gill, a Board-certified internist and cardiologist, stated on April 30, 1996 that appellant's angina was not causally related to his work-related injury, noting further that it was "a preexisting condition … probably generic in nature." This report is of diminished probative value because he did not diagnose that appellant had residuals for his work-related injury and, in fact, diagnosed a condition which the Office has not accepted as causally related. In his May 22, 1996 medical report, Dr. Mobley, the Office's second opinion consultant, stated that appellant had an underlying cardiac disorder that would have ceased at the time of leaving the Peace Corps and that, given the normal April 18, 1996 ECG, there was no evidence of damage to the heart. Further, in his January 16, 1997 medical report, Dr. Rodgers, a Board-certified internist and cardiologist, stated that appellant's December 1996 EKG revealed a normal sinus rhythm with left axial deviation and no evidence of a one degree AV block. This report reveals that appellant no longer had residuals of his work-related injury. Dr. Stewart, appellant's treating physician and a specialist in cardiovascular disease, stated that appellant's condition of sinus bradycardia with first degrees AV block and left axis deviation had resolved.[6]

For the foregoing reasons the Office met its burden of proof to terminate appellant's compensation effective April 30, 1996.

[2] *Id.*

[3] *Furman G. Peake*, 41 ECAB 361, 364 (1990).

[4] *Id.*

[5] The Board notes that appellant stated at his hearing that he understood that his work-related conditions had resolved but that he thought additional conditions should have been accepted such as his angina condition.

[6] The Board notes that Dr. Parker, in an October 3, 1998 medical report stated that appellant's vasospastic angina was causally related to his overseas employment, but that his report was not supported by any diagnostic tests and that, in any event, the Office did not accept that condition as causally related.

The decision of the Office of Workers' Compensation Programs dated December 9, 1998 is hereby affirmed.

Dated, Washington, D.C.
August 15, 2000

David S. Gerson
Member

Willie T.C. Thomas
Member

Michael E. Groom
Alternate Member