

U. S. DEPARTMENT OF LABOR

Employees' Compensation Appeals Board

In the Matter of MARIE E. AMADEO, claiming as widow of SALVATORE P. AMADEO and
U.S. POSTAL SERVICE, POST OFFICE, Boston, MA

*Docket No. 98-1923; Submitted on the Record;
Issued June 13, 2000*

DECISION and ORDER

Before MICHAEL J. WALSH, MICHAEL E. GROOM,
A. PETER KANJORSKI

The issue is whether the employee's work-related acute myocardial infarction and hypertension caused or contributed to his death on April 8, 1997.

In a decision dated April 27, 1998, the Office of Workers' Compensation Programs denied appellant's claim for death benefits on the grounds that the only medical evidence of record negated that the employee's death was related to his accepted employment injury.

The Board finds that this case is not in posture for decision.

The Office received an attending physician's report dated April 25, 1997 indicating that the employee's death on April 8, 1997 was due to the employment injury he sustained in 1971. Asked to give the medical reasons for his opinion "unless causal relationship is obvious," the attending physician reported: "Causal relationship is obvious."

The Office referred the case to Dr. Gerard L. Gaughan, a cardiologist, who made seemingly contradictory statements on the issue of causal relationship. In his report of June 16, 1997, he appeared to support a causal connection between the employee's death and his work-related medical conditions. He noted that the Office had accepted the employee's myocardial infarction in 1971 and his hypertension as work-related conditions. He reported that, if the cause of death was indeed a new myocardial infarction or a cardiac arrhythmia, as the death certificate had indicated, then the employee died as a result of extensive coronary heart disease with an ischemic cardiomyopathy. Dr. Gaughan explained that the disease was "due to a combination of hypertension, hyperlipidemia and diabetes mellitus." Because the employee's hypertension was an accepted, work-related medical condition, this statement tended to support a causal connection between the employee's death and his federal employment. Dr. Gaughan also reported that the employee was known to have suffered multiple myocardial infarctions and that the cumulative damage related to these events led to his severe heart failure. He stated: "The myocardial infarction of 1971 was one of several events contributing to his advanced heart

disease.” This again appeared to support a causal relationship between the employee’s accepted employment injuries and his death.

Dr. Gaughan also reported, however, that the employee’s occupation “was probably not a factor in the development of his heart disease.” He noted that there was no evidence of congestive heart failure following the 1971 infarct and that the employee’s cardiac function was thought to be normal at the time of an examination in 1973. He did not explain the significance of these observations other than to state that it was reasonable to conclude that there was a substantial progression of the employee’s heart disease following the myocardial infarction of 1971. Dr. Gaughan further reported that it was impossible to accept “probable myocardial infarction” as the cause of death. While he stated it was certainly possible that the employee’s death was due to a primary cardiac event such as infarction or arrhythmia, he could not exclude end stage renal failure or a cerebral vascular event as other possible contributors.

The Office obtained and submitted additional medical records for Dr. Gaughan’s review. In a report dated January 27, 1998, he stated that the descriptions of inpatient and outpatient care provided between 1995 and 1997 confirmed the impressions he had earlier reported. The employee suffered from coronary heart disease, hypertension, hyperlipidemia, diabetes mellitus, cerebral vascular disease and renal failure. Although the record briefly described the employee’s terminal cardiac arrest, they did not contain sufficient detail to permit an opinion as to the immediate cause for the cardiac arrest. Myocardial infarction, arrhythmia, electrolyte imbalance or cerebral vascular event were all possible explanations for the terminal event. Responding to the Office’s question of whether the employee’s death was in any way related to the accepted acute myocardial infarction and hypertension of July 26, 1971, Dr. Gaughan reported:

“I have reviewed my letter of June 16, 1997 and conclude that the first paragraph on the second page addresses this question. Death was due to substantial progression of [the employee’s] coronary, renal and cerebral vascular disease which occurred after the myocardial infarction of 1971. This progression was due to diabetes, hypertension and hyperlipidemia which were not related to his employment.”

Because the Office undertook development of medical evidence and obtained an opinion that is not clear on whether the employee’s acute myocardial infarction in 1971 or his hypertension caused or contributed to his death on April 8, 1997, further development of the medical evidence is warranted. The Board will set aside the Office’s April 27, 1998 decision and remand the case for further development to obtain a well-reasoned opinion on the issue presented. Following such further development as may be necessary, the Office shall issue an appropriate final decision on the merits of appellant’s claim.

The April 27, 1998 decision of the Office of Workers' Compensation Programs is set aside and the case remanded for further action consistent with this opinion.

Dated, Washington, D.C.
June 13, 2000

Michael J. Walsh
Chairman

Michael E. Groom
Alternate Member

A. Peter Kanjorski
Alternate Member