The issue is whether appellant established that she sustained a recurrence of disability on March 19, 1987 causally related to her November 19, 1976 accepted injuries.

The Office of Workers’ Compensation Programs accepted appellant’s work-related injuries of right carpal tunnel syndrome, right rotator cuff tear and related surgery sustained on November 19, 1976.

By decision dated May 8, 1987, the Office terminated appellant’s compensation benefits on the grounds that the medical evidence failed to establish that she had continuing medical residuals of her work-related injuries. By decision dated May 8, 1989, the Office denied modification of appellant’s request for reconsideration.

In a memorandum of a telephone conversation dated May 5, 1994, the Office noted that appellant requested that her claim be reopened and that she also requested an oral hearing.

By decision dated December 16, 1994, the Office denied appellant’s claim for recurrence of disability on the grounds that the medical evidence failed to establish that her condition of reflex sympathetic dystrophy (RSD) was causally related to her work-related injuries. The Office reviewed medical records from Dr. Hampton J. Jackson, appellant’s treating physician and a Board-certified orthopedic surgeon, from September 1980 to June 20, 1994. The Office noted that these reports failed to provide sufficient rationale establishing a causal relationship between appellant’s RSD to her work-related injuries.

By letter dated June 28, 1995, appellant requested reconsideration. In a report dated March 6, 1995, Dr. Jackson stated that because appellant’s accepted injuries of right rotator cuff tear and right carpal tunnel syndrome “lasted as long as it did, [those conditions] did indeed

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1 Appellant retired on September 25, 1981.
cause this RSD.” He further noted that “the prolonged untreated right carpal tunnel syndrome and long untreated rotator cuff injury, both these conditions led to the development of RSD that this patient has indeed developed.”

By decision dated July 3, 1995, the Office denied modification of the December 16, 1999 decision on the grounds that the medical evidence failed to establish that her current condition was causally related to her work-related injuries. The Office noted that the December 1994 decision was modified to show that appellant was entitled to continue to receive medical benefits as a result of her work-related injuries.

In a claim dated April 27, 1997 and received by the Office on July 17, 1997, appellant alleged that she sustained a recurrence of disability on March 19, 1987 causally related to her November 19, 1976 work-related injury.

By letter dated August 13, 1997, the Office advised appellant regarding what kind of evidence she needed to submit to process her claim. Appellant submitted multiple medical reports from Dr. Jackson dated April 11, 1989 to April 3, 1997.

By decision dated April 30, 1998, the Office denied appellant’s claim on the grounds that the medical evidence had been previously reviewed. The Office noted that Dr. Jackson’s April 3, 1997 report addressed her RSD condition, which the Office had not accepted.

The Board finds that appellant failed to establish that she sustained a recurrence of disability based on her November 19, 1976 accepted injuries.

An individual who claims a recurrence of disability resulting from an accepted employment injury has the burden of establishing that the disability is related to the accepted injury. This burden requires furnishing medical evidence from a physician who, on the basis of a complete and accurate factual and medical history, concludes that the disabling condition is causally related to the employment injury and who supports that conclusion with sound medical reasoning.2

In this case, the medical evidence fails to establish that appellant sustained a recurrence of disability based on her November 19, 1976 work-related injuries. Dr. Jackson’s reports from August 11, 1994 to April 3, 1997 reveal treatment plans and status reports on her condition. Dr. Jackson stated in several reports that appellant had RSD which he attributed to the November 19, 1976 work-related injuries. However, he failed to provide sufficient medical rationale to establish a causal relationship between this condition and the accepted injuries. In a July 21, 1983 report, Dr. Rafik D. Muawwad, a colleague of Dr. Jackson’s, read an April 1983 thermogram as negative for RSD. In a report dated August 9, 1983, Dr. Jackson speculated that the thermogram may represent RSD. However, in a February 28, 1984 report, Dr. Jackson stated that the thermogram was negative for RSD. Thus the evidence of file is, at best, equivocal in nature and does not support that appellant’s alleged RSD was causally related to her work-related injuries. Furthermore, none of the reports indicate that appellant sustained a recurrence of

disability on or about March 19, 1997 as a result of her work-related injuries. Dr. Jackson’s reports essentially related appellant’s continuous symptoms of right shoulder pain and RSD without providing a rationalized medical opinion explaining how these conditions were causally related to her work-related injuries.3

Accordingly, as appellant did not submit rationalized medical opinion evidence explaining how and why her condition was related to her November 19, 1976 work-related injuries, she has not met his burden of proof to establish that she sustained a recurrence of disability.

The April 30, 1998 decision of the Office of Workers’ Compensation Programs is affirmed.

Dated, Washington, DC
April 10, 2002

Michael J. Walsh
Chairman

Michael E. Groom
Alternate Member

A. Peter Kanjorski
Alternate Member

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3 Dr. Jackson alleged that appellant’s RSD occurred as a result of appellant’s right rotator cuff tear remaining untreated. The record reveals that on November 22, 1976 three days post injury, the Office approved and appellant was treated for a work-related right shoulder injury. The record further reveals that Dr. O. Anderson Engh, in a February 18, 1977 report, noted that a right rotator cuff tear could not be ruled out. He added that because x-rays revealed no calcification and that her physical therapy improved her range of motion, he did not recommend repair of the rotator cuff at that time.