

U. S. DEPARTMENT OF LABOR

Employees' Compensation Appeals Board

In the Matter of SONDRA WILLIAMS and U.S. POSTAL SERVICE,
POST OFFICE, Southeastern, PA

*Docket No. 01-1746; Submitted on the Record;
Issued April 25, 2002*

DECISION and ORDER

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

The issues are: (1) whether the Office of Workers' Compensation Programs met its burden of proof to terminate appellant's medical benefits effective October 16, 1995; (2) whether appellant sustained a consequential injury to her right knee on October 16, 1995 causally related to her October 15, 1995 head contusion; and (3) whether appellant had any disability commencing November 30, 1995 causally related to her October 15, 1995 employment injury.

This case was previously before the Board.¹ Appellant sustained a scalp contusion on October 15, 1995 while in the performance of duty. She subsequently submitted CA-8 claims for compensation for disability commencing November 30, 1995. In a January 18, 2000 decision, the Board remanded the case for further development on the issue of whether appellant sustained consequential injuries causally related to the October 15, 1995 employment injury.² The facts and circumstances of the claim as set forth in the Board's prior decision are incorporated herein by reference.

On February 28, 2000 appellant was referred for examination by Dr. Donald Kolva, a Board-certified psychiatrist and neurologist. The Office requested that Dr. Kolva provide an opinion on whether appellant had sustained any injury other than a scalp contusion on October 15, 1995 and whether her collapse while at home on October 16, 1995 was in any way a consequence of the October 15, 1995 injury.

¹ Docket No. 97-2079 (issued January 18, 2000).

² Appellant claimed postconcussive traumatic cephalgia, cervical sprain and strain, lumbosacral strain and a right knee injury as a consequence of the October 15, 1995 injury and subsequent falls at home.

In an April 26, 2000 report, Dr. Kolva noted his examination of appellant on April 17, 2000 and reviewed her history of headaches on October 15, 1995, developing over the course of her work shift prior to falling back into her chair and striking her head against a metal door.³ He reviewed appellant's medical treatment following injury and reported his findings on physical examination. Dr. Kolva noted no cognitive or memory impairment on mental status examination and no focal deficit on testing of the cranial nerves. Motor examination was reported as normal in tone, bulk and power and sensory testing was unremarkable. Cerebellar testing showed no evidence of dysmetria and gait evaluation revealed normal stance, stride and pivot. He stated that appellant's complaint of headache following the October 15, 1995 injury was unremarkable, indicating that it was a reasonable aftermath as she described the incident. Dr. Kolva noted that appellant said she felt unwell with a headache at the time of falling down at home on her right knee. He noted appellant's description raised a question as to whether she was being made ill by truck fumes or some other agent. Dr. Kolva also indicated that her headache complaints were compatible but not specific to a migraine. He stated that whether appellant had sustained a concussion or more severe condition on October 15, 1995 known as a contusion was not an important issue, as either would produce a headache. Dr. Kolva noted her history that the headache persisted for several days after the injury resulting in the fall to her knee, stating that her story was a reasonable one. He noted that, as of the date of his examination, appellant denied any headaches and a postconcussive headache condition diagnosis was not warranted. Based on her history, he related her knee injury in the fall on October 16, 1995 to the October 15, 1995 injury.

On May 15, 2000 the Office requested that Dr. Kolva clarify his medical opinion, by stating when the effects of appellant's scalp contusion ceased and whether the fall on October 16, 1995 was due to her headache condition or the effects of the scalp contusion.

In a May 24, 2000 report, Dr. Kolva noted that the employment incident had happened four and one-half years prior and that most of appellant's complaints were subjective complaints of pain, symptoms which could not be objectively measured. He noted that appellant reported that her headaches ceased prior to her evaluation in 1995 by her orthopedic surgeon for her right knee condition. As to the October 16, 1995 fall at home, Dr. Kolva stated that he could only suggest, based on her history, that the fall was more than likely due to the concussion injury of October 15, 1995. He noted that she described being unsteady and having disequilibrium prior to falling on her knee. Dr. Kolva stated that the complaint of disequilibrium was a common complaint following a head injury.

In a June 21, 2000 decision, the Office found that the evidence was not sufficient to establish that appellant's headaches, which started three days prior to October 15, 1995, were due to the injury itself and, therefore, the evidence did not support that she developed headaches as a result of the work injury. The Office found there were no disabling effects or need for treatment of the head contusion and that the need for treatment did not last beyond the date of injury. The Office denied compensation and medical benefits beyond October 16, 1995.

³ The statement of accepted facts notes that appellant reported experiencing headaches for three days prior to October 15, 1995. On October 16, 1995 appellant lost her balance and fell into a sitting position with her right leg bent behind her.

The Board finds that the Office failed to meet its burden of proof to terminate appellant's entitlement to medical benefits as of October 16, 1995.

Once the Office accepts a claim, it has the burden of justifying termination or modification of compensation benefits.⁴ The right to medical benefits for an accepted condition is not limited to the period of entitlement to compensation for wage loss.⁵ To terminate authorization for medical treatment, the Office must establish that appellant no longer has residuals of an employment-related condition that requires further treatment.

The Office accepted that appellant sustained a scalp contusion as a result of falling into her chair at work on October 15, 1995 and striking her head against a metal door. In the prior appeal, the Board remanded the case to the Office to develop the claim as to the nature and extent of injury, period of disability relating thereto, and determine whether any consequential injuries were related to the October 15, 1995 injury.

Dr. Kolva's reports support that appellant's head injury, a contusion, of October 15, 1995 contributed to her preexisting headache condition and noted that appellant's continued complaint of headache following her injury was a reasonable aftermath of a head injury. In turn, he noted that appellant's headache following her contusion persisted for several days after injury and contributed to her fall to her knee while at home on October 16, 1995. The Board finds that Dr. Kolva's opinion on this matter is probative and constitutes the weight of medical opinion of record. Dr. Kolva's reports establish that appellant's headache condition extended beyond October 15, 1995 and contributed to her fall on October 16, 1995. For this reason, the Board finds that the medical evidence establishes that appellant sustained a consequential injury to her right knee on that date.⁶ Appellant is therefore entitled to payment of appropriate medical expenses for treatment of her head contusion and right knee.

The medical evidence from Dr. Kolva, however, does not resolve the issue of other possible consequential conditions, as diagnosed by Dr. Stevenson. There was no discussion in his reports pertaining to the diagnosis of postconcussive cephalgia, cervical sprain and strain or a lumbosacral strain injury and any disability. For this reason, the case will be remanded to the Office for further development on this aspect of the claim and any resulting period of disability should causal relationship be established. As appellant claimed compensation for wage-loss compensation commencing November 30, 1995 on Office CA-8 claim forms, she retains the burden of proof of submitting medical evidence sufficient to establish disability for work for the period claimed.⁷ However, as the Office has attempted development of the medical issues in this

⁴ *Harold S. McGough*, 36 ECAB 332 (1984).

⁵ *Marlene G. Owens*, 39 ECAB 1320 (1988).

⁶ It is an accepted principle of workers' compensation law that when the primary injury is shown to have arisen out of and in the course of employment, every natural consequence that flows from the injury is deemed to arise out of the employment, unless it is the result of an independent intervening cause which is attributable to the employee's own intentional conduct. *See Charlet Garrett Smith*, 47 ECAB 562 (1996).

⁷ *See Charles E. Robinson*, 47 ECAB 536 (1996); *Donald Leroy Ballard*, 43 ECAB 876 (1992).

claim, it shares the responsibility in development of the claim.⁸ On remand, the Office should amend the statement of accepted facts and further develop the medical evidence, as noted. The Office should inquire from the examining physician the period or periods of disability attributable to appellant's contusion and right knee conditions. After such development as the Office deems necessary, a *de novo* decision shall be issued.

The June 21, 2000 decision of the Office of Workers' Compensation Programs is reversed as to finding no entitlement to medical benefits after October 16, 1995. The case is set aside for further development of the medical evidence in conformance with this decision

Dated, Washington, DC
April 25, 2002

Michael J. Walsh
Chairman

Michael E. Groom
Alternate Member

A. Peter Kanjorski
Alternate Member

⁸ See *Dennis J. Lasanen*, 43 ECAB 549 (1992).