

U. S. DEPARTMENT OF LABOR

Employees' Compensation Appeals Board

In the Matter of DAVID V. EHSANI and DEPARTMENT OF THE ARMY,
CIVILIAN PERSONNEL OFFICE, Sacramento, CA

*Docket No. 02-2252; Submitted on the Record;
Issued February 11, 2003*

DECISION and ORDER

Before DAVID S. GERSON, MICHAEL E. GROOM,
A. PETER KANJORSKI

The issue is whether the Office of Workers' Compensation Programs properly denied appellant authorization for surgery for bilateral carpal tunnel syndrome, bilateral Guyon's tunnel, rotator cuff tear, arthroscopy of the right knee and treatment for chondromalacia and a medial meniscus due to the February 14, 1990 employment injury.

The Office accepted appellant's claim for a cervical strain, lumbar strain, left shoulder strain, reherniation at L4-5 and depression secondary to chronic pain.

In a report dated July 25, 2000, Dr. Paul M. Puziss, a Board-certified orthopedic surgeon, considered appellant's history of injury, performed a physical examination and reviewed x-rays and nerve conduction studies. He diagnosed bilateral rotator cuff tendinitis and moderate to moderately severe impingement and bilateral carpal tunnel syndrome. Dr. Puziss stated that, if appellant had positive nerve conduction studies, he required carpal tunnel releases, and he also recommended an arthroscopic decompression on the left shoulder.

In a report dated November 30, 2001, Dr. Armand de Beer, a psychiatrist, opined that appellant's mood had been low for a long time and the diabetes and hypertension caused the delay of the proposed surgery. He stated that appellant should be treated with psychotherapeutic and psychopharmacotherapeutic intervention.

In a report dated March 6, 2002, appellant's treating physician, Dr. Soheil Samimi, an orthopedic surgeon, stated that, at his request, appellant underwent magnetic resonance imaging (MRI) scans of his cervical spine, lumbosacral spine, right knee and right shoulder on February 8, 2002. He stated that appellant's other treating physician, Dr. Robert Grimm, performed an electromyogram (EMG) and nerve conduction studies which confirmed that appellant had bilateral carpal tunnel syndrome and bilateral ulnar nerve entrapment. Dr. Samimi stated that the cervical MRI scan performed on February 8, 2002 showed some degenerative changes at the C5-6 level. He stated that the lumbosacral spine showed degenerative changes and stenosis at the L5-S1 level as a result of scarring and osteophyte formation. Dr. Samimi

stated that comparing the MRI scan in 1995 with the reports of 2002, there was aggravation in appellant's back. He stated that the MRI scan of the right knee was indicative of intersubstance degeneration without a tear and chondromalacia. Dr. Samimi stated that the MRI scan of the right shoulder showed signs of impingement and possibly a tear in the rotator cuff area. He concluded that, after reviewing the old and new records, appellant required surgical treatment for bilateral carpal tunnel syndrome and bilateral Guyon's tunnel.

Dr. Samimi stated that the signs of rotator cuff tear in appellant's shoulder "needs to be addressed surgically." Regarding appellant's right knee, he stated that appellant would benefit from arthroscopic surgery of the right knee as well as treatment for the chondromalacia and the medial meniscus. Addressing appellant's back, he stated that he did not perform spine surgery, but if appellant decided to have spine surgery, he should seek a spine surgeon to perform the surgery. Dr. Samimi stated that appellant had informed him by telephone that he would like to proceed with the surgeries, and he was therefore requesting authorization for the above surgeries.

In a report dated April 29, 2002, the district medical adviser indicated that surgery for appellant's carpal tunnel syndrome, Guyon's canal and right knee were not work related. He stated that appellant's shoulder sprain in 1990 was not related to a rotator cuff injury diagnosed in 2002.

By decision dated May 17, 2002, the Office denied appellant's claim, stating that none of the surgeries and the medical treatment appellant sought were medically necessary due to the work injuries.

The Board finds that appellant has not established that his request for surgery for his carpal tunnel syndrome, Guyon's tunnel, arthroscopy on his right knee and treatment of chondromalacia and medial meniscus were as a result of the February 14, 1990 employment injury.

Section 8103(a) of the Federal Employees' Compensation Act states in pertinent part: "The United States shall furnish to an employee who is injured while in the performance of duty, the services, appliances, and supplies prescribed or recommended by a qualified physician, which the Secretary of Labor considers likely to cure, give relief, reduce the degree of the period of disability, or aid in lessening the amount of the monthly compensation."¹ In order to obtain authorization for surgery, appellant must establish that the surgery is necessary for treatment of the effects of the employment-related injury.² Proof of causal relation must include supporting rationalized medical evidence.

In this case, Dr. Samimi does not provide a rationalized medical opinion explaining how appellant's bilateral carpal tunnel syndrome, possible rotator cuff tear and right knee problems are related to the February 14, 1990 employment injury. He explained that the MRI scan, EMG and nerve conduction studies showed that appellant had bilateral carpal tunnel syndrome and bilateral ulnar nerve entrapment, and opined that appellant required surgical treatment for

¹ 5 U.S.C. § 8103. See *Robert S. Winchester*, 53 ECAB _____ (Docket No. 00-800, issued November 8, 2002).

² See *Cathy B. Millin*, 51 ECAB 331, 333 (2000); *Francis H. Smith*, 46 ECAB 392, 394 (1995).

bilateral carpal tunnel syndrome and bilateral Guyon's tunnel. Dr. Samimi, however, did not present any opinion on the cause of appellant's wrist condition. Similarly, he opined that appellant required surgery for the rotator cuff tear, arthroscopy for his right knee and treatment for chondromalacia and medial meniscus but did not explain how these conditions arose from the February 14, 1990 employment injury. Since Dr. Samimi did not explain how the surgery and treatment he recommended was necessary for treatment of the effects of the February 14, 1990 employment, his opinion is insufficient to establish the need for that surgery and treatment.³

Further, Dr. Puziss' July 25, 2000 report in which he recommended arthroscopic decompression on appellant's left shoulder and carpal tunnel release but did not relate how appellant's shoulder and wrist condition related to his February 14, 1990 employment injury is of diminished probative value. In his January 30, 2001 report, Dr. de Beer prescribed psychotherapeutic and psychopharmacotherapeutic intervention but did not address appellant's need for surgery. Since no medical evidence of record contains a rationalized medical opinion explaining how appellant's need for surgeries for bilateral carpal tunnel, Guyon's tunnel, rotator cuff repair, knee arthroscopy and medical treatment for his chondromalacia and medial meniscus relate to his February 14, 1990 employment injury, appellant has not established his claim for the recommended surgery and medical treatment.

The May 17, 2002 decision of the Office of Workers' Compensation Programs is hereby affirmed.

Dated, Washington, DC
February 11, 2003

David S. Gerson
Alternate Member

Michael E. Groom
Alternate Member

A. Peter Kanjorski
Alternate Member

³ See *Cathy B. Millin, supra* note 2.