

U. S. DEPARTMENT OF LABOR

Employees' Compensation Appeals Board

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In the Matter of SHAWN M. WILLIAMS and DEPARTMENT OF STATE,  
STATE ANNEX-6, Arlington, VA

*Docket No. 02-1949; Submitted on the Record;  
Issued March 17, 2003*

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DECISION and ORDER

Before ALEC J. KOROMILAS, DAVID S. GERSON,  
MICHAEL E. GROOM

The issues are: (1) whether the Office of Workers' Compensation Programs met its burden of proof in terminating appellant's compensation on the grounds that her work-related sprains had resolved; and (2) whether appellant established that she had any continuing disability causally related to her accepted injury.

Appellant sustained injury on January 19, 2001 after she tripped on a vacuum cord and fell against a wall. Her claim was accepted for right wrist, hand and cervical sprains, based on the report of Dr. Peter S. Trent, a Board-certified orthopedic surgeon. He released appellant to full-time light duty on January 29, 2001 and she underwent physical therapy. X-rays obtained of the right wrist on the date of injury were reported as normal.

On March 18, 2001 the Office asked Dr. Trent for a comprehensive medical report on appellant's work-related condition and disability. Dr. Trent responded on April 24, 2001 that appellant was still partially disabled due to injuries to her cervical spine and right upper extremity and recommended further therapy. He added that appellant had an indeterminate degree of disability due to her insulin-dependent diabetes, which was not work related.

The Office referred appellant to Dr. Don J. Fontana, Board-certified in plastic surgery, for a second opinion evaluation. Based on his June 18, 2001 report, the Office issued a notice of proposed termination of compensation on July 9, 2001. Appellant disagreed and criticized several comments in Dr. Fontana's report.

On August 9, 2001 the Office terminated appellant's compensation on the grounds that the residuals of her work-related injury had resolved. The Office noted that appellant had not provided medical evidence that her diagnosed myofascial pain syndrome was work related. Appellant requested a hearing, which was held on January 29, 2002.

On April 23, 2002 the hearing representative found that the weight of the medical opinion evidence rested with the report of Dr. Fontana and established that appellant had no continuing residuals of the work-related cervical and wrist sprains. The hearing representative

concluded that reports from Dr. Trent, Dr. Mark M. Sklar, Board-certified in internal medicine, and Drs. Sean Whelton and Virginia Steen were insufficient to establish continuing disability from the accepted injuries.

The Board finds that the Office met its burden of proof in terminating appellant's compensation on the grounds that her accepted work injuries had resolved.

Once the Office accepts a claim and pays compensation, it bears the burden to justify modification or termination of benefits.<sup>1</sup> Having determined that an employee has a disability causally related to his or her federal employment, the Office may not terminate compensation without establishing either that the disability has ceased or that it is no longer related to the employment.<sup>2</sup>

In this case, Dr. Trent indicated in February 13, March 3 and April 3, 2001 reports that appellant might have a vasomotor instability, a subtle form of reflex sympathetic dystrophy, which might be a sequela of her work injury. He stated on April 24, 2001 that appellant was still partially disabled due to the work injuries, but that he expected that her condition would resolve after her therapy treatment. On June 5, 2001 Dr. Trent noted appellant's continuing complaints but stated that a recent magnetic resonance imaging (MRI) scan showed no cervical injury or nerve root compression. He added that he had no further treatment to offer appellant.

The second opinion physician, Dr. Fontana, concluded after examining appellant on May 21, 2001 that he could not demonstrate any significant neuromuscular, anatomic or physiological abnormality in appellant's right upper extremity. He elicited no abnormal physical findings related to the functioning of the hand, wrist, elbow or shoulder. While appellant might have a degree of vasomotor instability, it was unrelated to her work injury but could be due to her "very brittle" diabetes mellitus. Dr. Fontana found that appellant could return to full, unrestricted employment.

The Board finds that Dr. Fontana's report is well rationalized and represents the weight of the medical evidence that appellant's work injuries had resolved. Dr. Fontana found no clinical signs of any abnormalities in appellant's right hand and forearm. Appellant demonstrated full, unrestricted flexion and extension of the wrist, fingers and thumb. Sensation was totally unremarkable and gross strength was normal. There was no crepitation in the joints and pronation and supination were unrestricted. The Phalen's, Tinel's, Adson's and Allen's tests were all negative. Based on these findings, Dr. Fontana concluded on June 18, 2001 that appellant had recovered from her accepted work injuries.

The Board finds that appellant has failed to establish that her continuing disability is causally related to her accepted employment injury.

An employee seeking benefits under the Federal Employees' Compensation Act<sup>3</sup> has the burden of establishing the essential elements of his or her claim,<sup>4</sup> including the fact that any

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<sup>1</sup> *Betty Regan*, 49 ECAB 496, 501 (1998).

<sup>2</sup> *Raymond C. Beyer*, 50 ECAB 164, 168 (1998).

<sup>3</sup> 5 U.S.C. §§ 8101-8193.

disability or condition for which compensation is claimed is causally related to the employment injury.<sup>5</sup> Causal relationship is a medical issue,<sup>6</sup> and the medical evidence required to establish a causal relationship, generally, is rationalized medical evidence. This consists of a physician's rationalized medical opinion on the issue of whether there is a causal relationship between the claimant's diagnosed condition and the implicated employment factors.<sup>7</sup> The opinion of the physician must be based on a complete factual and medical background of the claimant, must be one of reasonable medical certainty and must be supported by medical rationale explaining the nature of the relationship between the diagnosed condition and the specific employment factors identified by the claimant.<sup>8</sup> The mere fact that a condition manifests itself during a period of employment does not raise an inference that the condition is causally related to work factors.<sup>9</sup>

Subsequent to Dr. Fontana's June 18, 2001 report, appellant submitted a report from Dr. Steen, a Board-certified internist of professorial rank, who examined appellant on July 13, 2001 and diagnosed a regional myofascial pain syndrome secondary to trauma and Type I diabetes under excellent control. She ruled out reflex sympathetic dystrophy or fibromyalgia and recommended continued physical therapy and heat modalities as treatment for appellant's arm. Dr. Steen did not address the cause of appellant's condition.

On August 14, 2001 Dr. Trent reviewed Dr. Steen's report and agreed with her diagnosis and recommendation that appellant's physical therapy should continue. Dr. Trent stated that while appellant had an underlying diabetic condition, which may have contributed to her symptoms, the January 19, 2001 injury was the aggravating factor that resulted in her present condition. He added that appellant was under the routine care of physicians for her diabetes prior to the January 19, 2001 injury but had none of the symptoms she was presently manifesting. Dr. Trent concluded that the myofascial pain syndrome in appellant's right upper extremity was related to the work injury.

The Board finds that Dr. Trent provided insufficient medical rationale for his conclusion that appellant's myofascial pain syndrome resulted from the sprains she sustained on January 19, 2001. He believed that, because appellant had no symptoms related to her diabetes prior to that date and had since manifested symptoms in her right upper extremity, her condition had to be related to the work incident. However, the Board has long held that such before-and-after medical reasoning is insufficient to establish a causal relationship.<sup>10</sup> He did not fully explain how the injury would cause or contribute a myofascial pain syndrome.

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<sup>4</sup> *Irene St. John*, 50 ECAB 521, 522 (1999).

<sup>5</sup> *David M. Ibarra*, 48 ECAB 218 (1996); *Elaine Pendleton*, 40 ECAB 1143, 1145 (1989).

<sup>6</sup> *Elizabeth Stanislav*, 49 ECAB 540, 541 (1998).

<sup>7</sup> *Duane B. Harris*, 49 ECAB 170, 173 (1997).

<sup>8</sup> *Gary L. Fowler*, 45 ECAB 365, (1994).

<sup>9</sup> *Doris J. Wright*, 50 ECAB 230, 237 (1997).

<sup>10</sup> See *Thomas R. Horsfall*, 48 ECAB 180, 183 (1996) (finding that a physician's opinion on causal relationship, which is based on the fact that appellant was asymptomatic prior to the work incident and symptomatic afterwards, is of little probative value without supporting rationale).

On September 7, 2001 Dr. Sklar, who is appellant's treating physician for her diabetes, stated that appellant did not have brittle diabetes, as Dr. Fontana had indicated. Rather, appellant had had superb control of her diabetes for many years, and the diagnosed myofascial pain syndrome in her right arm resulted from the January 19, 2001 fall at work. However, Dr. Sklar offered insufficient medical rationale for this conclusion -- he indicated that because appellant's diabetes did not cause the myofascial pain syndrome, the January 2001 fall must have been the cause. Yet in an August 9, 2000 report written to support appellant's request for a parking permit, Dr. Sklar stated that appellant had been diabetic for 19 years and "continue[d] to battle with maintaining normal blood glucose readings." Dr. Sklar's conclusory opinion does not provide a full review of appellant's diabetes history. His reports are therefore insufficient to meet appellant's burden of proof.<sup>11</sup>

The Board finds that Dr. Fontana's opinion represents the weight of the medical evidence that appellant's work-related injuries resolved. Appellant has failed to submit sufficient medical evidence to establish any continuing work-related disability.

The April 23, 2002 decision of the Office of Workers' Compensation Programs is affirmed.

Dated, Washington, DC  
March 17, 2003

Alec J. Koromilas  
Chairman

David S. Gerson  
Alternate Member

Michael E. Groom  
Alternate Member

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<sup>11</sup> See *Linda I. Sprague*, 48 ECAB 386, 390 (1997) (finding that physicians' opinions regarding the cause of appellant's herniated discs were based on appellant's suppositions and not on a review of the medical history and were, therefore, speculative and of diminished probative value).