JURISDICTION

On January 7, 2004 appellant filed a timely appeal from an October 7, 2003 merit decision of the Office of Workers’ Compensation Programs. Pursuant to 20 C.F.R. §§ 501.2(c) and 501.3, the Board has jurisdiction over the merits of this case.

ISSUE

The issue is whether appellant established that her intermittent disability from February 1, 2001 to March 31, 2002 was causally related to her September 13, 1997 employment injury.

FACTUAL HISTORY

On September 13, 1997 appellant, then a 40-year-old clerk, suffered a traumatic injury to her neck while in the performance of duty. The Office accepted appellant’s claim for cervical strain.1 The record reflected that appellant also had a disc herniation at C5-6, cervical disc

1 The record also reflects that appellant has an accepted occupational disease claim for carpal tunnel syndrome, with a February 18, 1992 date of injury (Claim No. 25-0401401).
disease and spondylosis, which the Office did not accept as related to her September 13, 1997 employment injury. Appellant returned to work in a limited-duty capacity on October 29, 1997.

On October 22, 2002 appellant filed a Form CA-7, claim for compensation, requesting intermittent wage-loss compensation for the period February 1, 2001 to March 31, 2002. Appellant sought compensation for approximately 80 hours.

By letter dated November 13, 2002, the Office advised appellant that they had received her October 22, 2002 Form CA-7 in which she claimed intermittent disability. The Office advised appellant of the need for objective medical evidence to support her claimed disability. Appellant was afforded 30 days within which to submit the requested medical evidence.

In a letter dated December 5, 2002, Dr. Shoba Mathews, a Board-certified neurosurgeon, advised that appellant was seen by her for medical treatment on 20 occasions between February 21, 2001 and March 30, 2002. In a letter received by the Office on December 12, 2002, appellant indicated that she was claiming compensation for only 79.93 hours for her appointments with Dr. Mathews between February 21, 2001 and March 16, 2002.

By decision dated December 18, 2002, the Office denied appellant’s claim for compensation for the period February 1, 2001 to March 31, 2002 as there was no evidence to support that she was disabled on the dates claimed and that such disability was causally related to her accepted employment injury.

Appellant subsequently requested a hearing. By decision dated July 11, 2003, the Office hearing representative vacated the December 18, 2002 decision and remanded the case for the Office to develop it as a recurrence of disability beginning February 2001.

In an August 25, 2003 letter, the Office advised appellant of the type of additional factual and medical evidence needed to establish her claim. Appellant did not respond.

By decision dated October 7, 2003, the Office denied appellant’s claim for compensation and medical benefits after February 1, 2001 because the factual and medical evidence did not establish that appellant’s condition on or after February 1, 2001 was causally related to her September 13, 1997 employment injury.

**LEGAL PRECEDENT**

Under sections 8103 and 8117 of the Federal Employees’ Compensation Act payment of expenses incidental to the securing of medical services encompasses payment for loss of wages

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2 Dr. Mathews identified the specific dates appellant was treated, but she did not otherwise explain the type of treatment or the specific condition(s) for which appellant was being treated.

3 Appellant identified 19 separate appointments with Dr. Mathews. The dates appellant identified were not entirely consistent with the information provided by Dr. Mathews on December 5, 2002.
incurred while obtaining medical services. Accordingly, an employee is entitled to disability compensation for loss of wages incidental to treatment for an employment injury.

**ANALYSIS**

In this case, appellant was seeking compensation for loss of wages for 79.93 hours which she indicated was used in obtaining medical treatment for the effects of her employment injuries. Appellant is entitled to compensation for those hours that are shown to have been used for treatment for the effects of the accepted employment-related condition.

In the instant case, the Office accepted that appellant sustained a cervical strain due to her employment injury on September 13, 1997. Appellant has the burden of proof to establish that the treatment was taken for the effects of the employment-related conditions. The Board finds that the medical evidence is insufficient to establish that these appointments were for treatment of her accepted injury. Appellant submitted several reports from her treating physician, Dr. Mathews, a Board-certified neurological surgeon. In a December 5, 2002 itemization of appointments list, Dr. Mathews listed the dates that she saw appellant from February 2001 to March 2002; however, she did not include a diagnosis or provide any findings on physical examination or rationale. In particular, Dr. Mathews did not explain how or why appellant’s September 13, 1997 employment injury, accepted for cervical strain, caused the sudden onset of appellant’s numerous conditions several years later. Furthermore, it is not clear what appellant was being treated for on those dates. Additionally, in reports dated December 20, 2001 and February 27, 2002, Dr. Mathews provided diagnoses of bilateral carpal tunnel syndrome along with cervical disc disease, conditions which were not accepted by the Office, and restrictions, with limitations, but she did not preclude appellant from working. In a second report dated February 27, 2002, Dr. George Mathews diagnosed cervical disc disease, developing fibromyalgia, anxiety and depression. However, these conditions were not accepted by the Office. Furthermore, the report was unsigned. The Board has consistently held that unsigned medical reports are of no probative value. Appellant submitted a number of additional reports from her physicians; however, they either predated or postdated the period in question and did not provide any support that appellant was seen for an accepted employment injury during the aforementioned time.

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6 With regard to her carpal tunnel claim, appellant should resubmit those reports and have them adjudicated under her carpal tunnel claim. The Board does not have jurisdiction as the Office did not adjudicate appellant’s carpal tunnel claim in the instant case.

7 See Merton J. Sills, 39 ECAB 572 (1988).
Appellant failed to submit such evidence in this case and, consequently, failed to discharge her burden of proof.8

CONCLUSION

Appellant has presented insufficient medical evidence to establish that her intermittent disability commencing from February 1, 2001 to March 31, 2002 was causally related to her September 13, 1997 employment injury.

ORDER

IT IS HEREBY ORDERED THAT the decision of the Office of Workers’ Compensation Programs dated October 7, 2003 is affirmed.

Issued: July 2, 2004
Washington, DC

Alec J. Koromilas
Chairman

Willie T.C. Thomas
Alternate Member

A. Peter Kanjorski
Alternate Member

8 Appellant also provided a July 14, 1999 report from Dr. George Mathews; however, this report predates the period of disability in question and is of no probative value.