



In a March 10, 2003 report, Dr. Howard J. Hoffberg, an attending Board-certified physiatrist, stated that appellant had bilateral hand and right shoulder pain due to repetitive typing, paperwork and clerical work. He provided findings on physical examination and diagnosed bilateral carpal tunnel syndrome, a right shoulder strain/sprain, pericapsulitis (a neurological condition affecting the shoulder<sup>1</sup>), a possible thoracic outlet syndrome (a condition affecting the hand, arm, shoulder or neck<sup>2</sup>) and fibromyalgia (a musculoskeletal and connective tissue disorder which can be caused by overuse factors<sup>3</sup>). In notes dated June 18, 2003, Dr. Hoffberg stated that appellant had persistent right hand paresthesias (abnormal sensation<sup>4</sup>), left hand arthralgia (joint pain<sup>5</sup>) and pain in her neck and right arm and shoulder.

In an October 17, 2003 report, Dr. Hoffberg stated that appellant had bilateral upper extremity pain caused by her repetitive work activities and carpal tunnel syndrome. He recommended continued physical therapy. Appellant underwent a course of physical therapy from March 2003 to October 2005.

In a February 18, 2004 report, Dr. Hoffberg stated that appellant continued to have upper extremity pain attributable to repetitive activities at work, primarily affecting her left upper extremity and recommended continued physical therapy.

In an August 31, 2004 report, Dr. Hoffberg requested authorization for appellant to consult a hand surgeon regarding her bilateral hand and shoulder pain related to repetitive work activities. He noted that she continued to have symptoms despite extensive physical therapy, injections and adaptive equipment.

In reports dated February 14 and April 18, 2005, Dr. Mark A. Cohen, an attending Board-certified orthopedic surgeon, provided a history of appellant's condition and findings on physical examination. He diagnosed bilateral carpometacarpal joint (thumb) arthritis and bilateral carpal tunnel syndrome.

On July 15 and August 4, 2005 Dr. Hoffberg requested authorization for treatment of appellant's neck and shoulder conditions, including manual therapy, mechanical traction therapy, therapeutic exercise, neuromuscular reeducation and ultrasound therapy.

By decision dated August 10, 2005, the Office denied appellant's request for medical treatment for a neck and shoulder condition.<sup>6</sup>

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<sup>1</sup> See DORLAND'S *Illustrated Medical Dictionary* (27<sup>th</sup> ed. 1988) at page 267 under "capsulitis."

<sup>2</sup> See *The Merck Manual* (16<sup>th</sup> ed. 1992), 1518.

<sup>3</sup> *Id.* at 1369.

<sup>4</sup> See DORLAND'S *Illustrated Medical Dictionary* at page 1232.

<sup>5</sup> *Id.* at 147.

<sup>6</sup> Appellant submitted additional evidence subsequent to the Office decision of August 10, 2005. The Board's jurisdiction is limited to the evidence that was before the Office at the time it issued its final decision. See 20 C.F.R. § 501.2(c). The Board may not consider this evidence for the first time on appeal.

## LEGAL PRECEDENT

Section 8103(a) of the Federal Employees' Compensation Act provides for furnishing an injured employee "the services, appliances and supplies prescribed by a qualified physician," which the Office, under authority delegated by the Secretary of Labor, "considers likely to cure, give relief, reduce the degree or period of disability, or aid in lessening the amount of monthly compensation." The Office has great discretion in determining whether a particular type of treatment is likely to cure or give relief.<sup>7</sup>

The Office's obligation to pay for medical treatment extends only to treatment of employment-related conditions and appellant has the burden of establishing that the requested treatment is for the effects of an employment-related condition. Proof of causal relationship must include rationalized medical evidence.<sup>8</sup>

## ANALYSIS

Appellant's accepted condition for her December 18, 2002 employment injury is bilateral overuse syndrome of the wrists. The Office has not accepted a neck or shoulder condition as causally related to her employment.

On March 10, 2003 Dr. Hoffman opined that appellant had hand and right shoulder pain due to repetitive work activities which included typing, paperwork and clerical work. He diagnosed bilateral carpal tunnel syndrome, a right shoulder strain/sprain, pericapsulitis of the shoulder, a possible thoracic outlet syndrome (which can affect the hand, arm, shoulder and neck) and fibromyalgia, a musculoskeletal and connective tissue condition that can be caused by overuse factors. On October 17, 2003 Dr. Hoffberg stated that appellant had bilateral upper extremity pain caused by her repetitive work activities. On February 18, 2004 Dr. Hoffberg stated that appellant continued to have upper extremity pain attributable to repetitive activities at work. On August 31, 2004 Dr. Hoffberg requested authorization for appellant to see a hand surgeon for her bilateral hand and shoulder pain related to repetitive work activities. In 2005, Dr. Hoffberg requested authorization for treatment of appellant's neck and shoulder conditions, including manual, ultrasound and mechanical traction therapies, therapeutic exercise and neuromuscular reeducation.

Although Dr. Hoffberg's medical reports do not contain sufficient medical rationale explaining how appellant's neck and shoulder conditions were causally related to her employment and are not sufficient to meet her burden of proof to establish her claim, they raise an uncontroverted inference of causation between the neck and shoulder conditions and appellant's repetitive work activities. Dr. Hoffberg opined in several reports that appellant's medical conditions, which included neck and shoulder conditions, were caused by her repetitive work activities and he specified the activities: repetitive typing, paperwork and clerical work. The Board finds that Dr. Hoffberg's reports are sufficient to require further development of the

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<sup>7</sup> *Stella M. Bohlig*, 53 ECAB 341 (2002).

<sup>8</sup> *Id.*

medical evidence.<sup>9</sup> On remand, the Office should refer appellant to an appropriate medical specialist for an examination and evaluation of whether she has any neck or shoulder condition causally related to factors of her employment. After such further development as it deems necessary, the Office should issue an appropriate decision on appellant's request for medical treatment for her neck and shoulder conditions.

**CONCLUSION**

The Board finds that this case requires further development on the issues of whether appellant sustained a shoulder or neck condition as a result of her employment activities and is entitled to medical treatment for these conditions.

**ORDER**

**IT IS HEREBY ORDERED THAT** the decision of the Office of Workers' Compensation Programs dated August 10, 2005 is set aside and the case remanded for further development consistent with this decision.

Issued: April 6, 2006  
Washington, DC

Alec J. Koromilas, Chief Judge  
Employees' Compensation Appeals Board

David S. Gerson, Judge  
Employees' Compensation Appeals Board

Michael E. Groom, Alternate Judge  
Employees' Compensation Appeals Board

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<sup>9</sup> See *John J. Carlone*, 41 ECAB 354 (1989); *Horace Langhorne*, 29 ECAB 820 (1978). The Board notes that, in the present case, the record contains no medical opinion contrary to appellant's claim and further notes that the Office did not seek advice from an Office medical adviser or refer the case to an Office referral physician for a second opinion. Additionally, the Office's procedure manual provides that a claims examiner may need to seek clarification from an attending physician in order to fully develop and evaluate the medical evidence. Federal (FECA) Procedure Manual, Part 2 -- Claims, *Developing and Evaluating Medical Evidence*, Chapter 2.810.8 (April 1993).