

FACTUAL HISTORY

This case has previously been before the Board. The facts and conclusions as set forth in the prior Board decisions are hereby incorporated by reference.¹ On August 28, 1995 appellant, then a 32-year-old rural carrier and custodian, filed a traumatic injury claim alleging that on August 26, 1995 she was injured in an employment-related automobile accident. Her claim was accepted for right shoulder and cervical strains, right hand laceration and vitiligo of the right hand. By decision dated November 18, 1997, the Office terminated appellant's entitlement to wage-loss compensation due to her right shoulder and cervical strains for the reason that the work-related condition had resolved.

On February 6, 2003 the Office referred appellant to Dr. Melinda Greenfield, a dermatologist, for a second opinion. In a medical report dated February 5, 2003, Dr. Greenfield found that there were no findings that support continuing evidence of vitiligo on appellant's right hand and that there was no need for any ongoing treatment for vitiligo of the right hand.

On September 17, 2003 the Office issued a notice of proposed termination of medical benefits for the reason that the work-related condition of vitiligo had resolved. On October 28, 2003 the Office terminated medical benefits. On November 12, 2003 appellant requested reconsideration. The Office denied modification by decision dated January 7, 2004 after merit review. On January 4, 2005 appellant again requested reconsideration. The Office again denied modification in a decision dated March 24, 2005 after conducting a merit review.

On March 14, 2006 appellant again requested reconsideration. Appellant submitted a copy of the February 4, 2003 medical report by Dr. Greenfield; a copy of letters to her congressman dated June 20, 2003 and March 14, 2006; an unsigned medical report from Formedic dated January 12, 2004; a medical report by Dr. Frank Pinto, Jr., a Board-certified dermatologist, dated November 3, 2003; a copy of the Office's March 24, 2005 decision and a personal statement. By decision dated March 31, 2006, the Office denied appellant's request for reconsideration without merit review.

LEGAL PRECEDENT

To require the Office to reopen a case for merit review under section 8128(a) of the Federal Employees' Compensation Act, the Office's regulations provide that the application for reconsideration, including all supporting documents, must set forth arguments and contain evidence that either: (1) shows that the Office erroneously applied or interpreted a specific point of law; (2) advances a relevant legal argument not previously considered by the Office; or (3) constitutes relevant and pertinent new evidence not previously considered by the Office.²

¹ Docket No. 03-1707 (issued May 19, 2004) (the Board found that appellant could not receive compensation for disability for her hand injury during the period she had previously received compensation for her shoulder injury). Docket No. 02-716 (issued February 27, 2003), *petition for recon. denied* (issued August 8, 2003); (Appellant's request for reconsideration was insufficient to reopen her case for further review on the merits of the award of an attorney's fee).

² 20 C.F.R. § 10.606(b)(2)(i-iii).

ANALYSIS

Appellant disagreed with the Office's termination of her medical benefits and requested reconsideration. However, she did not provide any relevant or pertinent new evidence with regard to this issue.

Appellant reiterated her previous arguments. The submission of evidence which repeats or duplicates evidence that is already in the case record does not constitute a basis for reopening a case for merit review.³ As the underlying issue is medical in nature, appellant's assertions are not relevant and do not otherwise advance a relevant legal argument not previously considered by the Office or show that the Office erroneously applied or interpreted a specific point of law.

In support of her request for reconsideration, appellant submitted a copy of the February 4, 2003 report by Dr. Greenfield, a letter to her congressman dated June 20, 2003, a medical report by Dr. Pinto, an unsigned report from Formedic dated January 12, 2004 and a copy of the Office's March 24, 2005 decision. All of these documents were of record prior to appellant's request for reconsideration and previously considered. The submission of evidence which repeats or duplicates evidence that is already in the case record does not constitute a basis for reopening a case for merit review. Appellant's letter to her congressman dated March 14, 2006 contains arguments duplicative of previous arguments. As it does not constitute medical evidence establishing that the termination of benefits was improper, it is not relevant. Therefore, the Office properly denied appellant's request for reconsideration.

CONCLUSION

The Board finds that the Office properly denied appellant's request for reconsideration pursuant to 5 U.S.C. § 8128(a).

³ *Khambandith Vorapanya*, 50 ECAB 490 (1999); *John Polito*, 50 ECAB 347 (1999); *David J. McDonald*, 50 ECAB 185 (1998).

ORDER

IT IS HEREBY ORDERED THAT the decision of the Office of Workers' Compensation Programs dated March 31, 2006 is affirmed.

Issued: February 16, 2007
Washington, DC

David S. Gerson, Judge
Employees' Compensation Appeals Board

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

James A. Haynes, Alternate Judge
Employees' Compensation Appeals Board