

performance of duty when he slipped and fell down stairs. The Office accepted his claim for aggravation of left wrist osteoarthritis, thoracic strain, right knee abrasion, right foot contusion and right fractured arthrodesis.² On June 3, 1998 appellant underwent a left wrist arthrodesis. On August 7, 1998 he underwent a right knee arthroscopy, which the Office authorized. On August 26, 1998 appellant underwent a re-arthrodesis of the right wrist. On March 1, 1999 he underwent right ankle surgery.

On June 18, 2002 Dr. Lisa B. Barr, appellant's physiatrist, supported continued physical therapy:

"Please be advised that I last saw [appellant] in the office on March 12, 2002. [He] is an extremely unfortunate individual who has multiple medical issues. [Appellant] has chronic pain, which has been extremely disabling. He has a markedly abnormal movement pattern and gait pattern, which caused chronic unrelenting pain. When [appellant] was first seen by me, he was in so much pain he was actually suicidal. Since he has been in treatment with Scott Burch at Spine Works, we have been able to see a dramatic difference in his ability to function and a reduction in his pain. We have attempted to attenuate physical therapy in the past only to see his pain flare-up. We have made a determination that [appellant] really does benefit greatly from coming in for therapy several times per month. This helps to improve his mechanics and reduce muscle strain patterns that contribute significantly to his pain. Given the complexity of his injuries, it would be to his advantage to continue in treatment for the foreseeable future. Please be advised that this is not something that I recommend lightly, as I understand in most situations physical therapy should have a beginning and an end. Unfortunately for [appellant], the complexities of his injuries are such that there is no end in sight. Your kind and prompt consideration for continued coverage of his physical therapy would be appreciated."

On September 26, 2002 Dr. Jack Siegel, an orthopedic surgeon, also recommended physical therapy:

"[Appellant] is a patient of mine. I have been treating him for patella femoral osteochondral disease of the right knee, with trochlear lesion, synovitis, and effusion. He has had conservative methods, including injection to the knee. Appellant continues to have symptoms and trace effusion.

"Because of the nature of his symptoms, and the fact that he has not responded to injection and medication, a course of physical therapy is recommended. It often does take several weeks and sometimes months to see appreciable benefit from physical therapy.

"It is my recommendation that physical therapy continue as ordered. Without therapy at this time, there is no real hope that his symptoms will improve. I feel

² OWCP File No. 250523807.

this is usual and customary treatment for this type of problem, as we need to work on range of motion, strengthening and comfort measures.”

On October 25, 2002 the Office authorized physical therapy treatments. The Office also authorized the purchase of a brace for the right knee and left wrist. On June 8, 2005 appellant underwent right thumb surgery.

On July 3, 2007 appellant’s physical therapist requested authorization for neck, back and ribcage therapy from October 4, 2006 through December 31, 2007. In a decision dated July 17, 2007, the Office denied authorization for the requested therapy. The Office noted the various medical conditions it had accepted for appellant’s November 29, 1990 employment injury.³ It stated that the requested treatment “does not appear to be for treatment for a condition that has been causally related to your accepted condition and or work incident.” The Office advised appellant that, if his physician believed that he suffered any other conditions as a result of his work incident or accepted condition, a comprehensive medical report with diagnostic testing should be submitted for consideration.

On August 7, 2007 Dr. Barr wrote:

“With regard to the issue of continued physical therapy, I do strongly believe that [appellant] truly needs continued physical therapy. Unfortunately, he has the multiplicity of difficult problems to treat. He has recurring mechanical issues that he cannot address on his own and I do feel that continued physical therapy is medically necessary on a permanent basis. The patient did provide me with a letter requesting reconsideration for physical therapy to address issues related to neck, back and ribcage. This will be forwarded under a separate cover. Anticipated follow up will be approximately 60 days or sooner if necessary. An opioid prescribing agreement was already renewed and signed by the patient and is already in his chart as part of the permanent medical record.”

In a decision dated September 11, 2007, the Office denied authorization for any medical bills relating to his knees. The Office reviewed all of the medical conditions it had accepted as a result of appellant’s employment injuries and found no accepted knee condition among them. The Office noted that appellant’s physician did not submit a comprehensive medical report explaining how appellant’s knee condition related to the accepted injury.

LEGAL PRECEDENT

Section 8103(a) of the Federal Employees’ Compensation Act provides that 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 or the period of any disability, or aid in lessening the amount of any monthly compensation.⁴ This means that the

³ The Office listed fracture, carpal bone, closed, right; sprain of wrist, left; sprain of neck; osteoarthritis hand, left.

⁴ 5 U.S.C. § 8103(a).

employee is entitled to receive all medical services, appliances and supplies which a qualified physician prescribes or recommends and which the Office considers necessary to treat the work-related injury.⁵ The Office has broad discretionary authority in the administration of the Act and must exercise that discretion to achieve the objectives of section 8103.⁶ The only limitation on the Office's authority is that of reasonableness.⁷

In order to be entitled to reimbursement of medical expenses, appellant must establish that the expenditures were incurred for treatment of the effects of an employment-related injury. Proof of causal relation in a case such as this must include supporting rationalized medical evidence.⁸

ANALYSIS

The Office denied authorization for "neck, back and ribcage" therapy because the requested treatment did not appear to be related to an accepted medical condition. The Office did accept that appellant sustained a back contusion on November 29, 1990 and a thoracic strain on March 23, 1998. However, there is insufficient medical evidence that justifies authorization in 2007 for "neck, back and ribcage" therapy. The requested therapy was vague and in the absence of a contemporaneous medical opinion explaining how the expenditures were for treatment of the effects of a specific employment-related injury, the Board finds that the Office acted reasonably and within its discretion to deny authorization for such therapy. The Board will affirm the Office's July 17, 2007 decision.

The Board also finds that the Office acted within its discretion to deny authorization for any medical bills relating to appellant's knees. The Office accepted no knee condition causally related to his November 29, 1990 employment injury. The Office did accept a simple right knee abrasion as a result of the March 23, 1998 injury. It also authorized a right knee arthroscopy on August 7, 1998 and the purchase of a right knee brace. But, in the absence of a comprehensive, well-reasoned medical report explaining how current expenditures were for the effects of a specific employment-related injury, the Board finds that the Office acted reasonably when it denied authorization for any medical bills relating to appellant's knees. The Board will affirm the Office's September 11, 2007 decision.

Dr. Barr, the physiatrist, reported that appellant has a multiplicity of difficult problems to treat. He noted recurring mechanical issues, a markedly abnormal movement pattern and gait pattern that cause chronic unrelenting pain. But this does not mean that the Office must pay compensation under section 8103 of the Act for the treatment of any medical problem appellant might present. Appellant's doctors must satisfy the Office that the expenditures were incurred

⁵ 20 C.F.R. § 10.310(a) (1999) (if there is any doubt as to whether a specific service, appliance or supply is necessary to treat the work-related injury, the employee should consult the Office prior to obtaining it).

⁶ *Marjorie S. Geer*, 39 ECAB 1099 (1988).

⁷ *James R. Bell*, 52 ECAB 414 (2001).

⁸ *Bertha L. Arnold*, 38 ECAB 282 (1986); *Delores May Pearson*, 34 ECAB 995 (1983); *Zane H. Cassell*, 32 ECAB 1537 (1981); *John R. Benton*, 15 ECAB 48 (1963).

for treatment of the effects of a specific employment-related injury. Dr. Siegel, the orthopedic surgeon, reported that he was treating appellant for patella femoral osteochondral disease of the right knee, with trochlear lesion, synovitis, and effusion and, in 2002, he recommended physical therapy. But the Office had not accepted that this disease was causally related to the November 29, 1990 or March 23, 1998 employment injuries. Given the complexity of appellant's various medical problems, the Office authorized medical treatment only for the effects of accepted employment injuries.

CONCLUSION

The Board finds that the Office properly denied authorization for certain medical expenses.

ORDER

IT IS HEREBY ORDERED THAT the September 11 and July 17, 2007 decisions of the Office of Workers' Compensation Programs are affirmed.

Issued: April 8, 2008
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