



On June 29 I was diagnosed with a staph infection.” The Office accepted her claim for “Other Cellulitis and Abscess of the Right Thumb and Middle Finger.”<sup>1</sup>

On December 17, 2004 she underwent a right carpal tunnel release, a flexor tendon tenosynovectomy in the forearm and wrist, and identification and debridement of the tendon ends to the small and ring fingers. In a later claim for occupational disease or illness,<sup>2</sup> an Office hearing representative made the following finding in a decision dated November 7, 2005: “Upon return of the case file, the Office should combine the present claim with the previous claim, 252044153. The accepted condition should be upgraded to include carpal tunnel syndrome of the right, noting carpal tunnel release, and pay the appropriate entitled benefits.” The Office upgraded its acceptance of appellant’s claim to include right carpal tunnel syndrome and surgical release.

The Office received a request for authorization for a “remove wrist/forearm lesion” procedure. On February 7, 2006 the Office asked appellant to submit a comprehensive medical report from her treating physician with diagnostic results and an explanation of how this procedure was related to her accepted work injury on June 25, 2004. Appellant submitted treatment notes.

In a decision dated March 17, 2006, the Office denied authorization for the lesion removal procedure. The Office found that the medical evidence did not address how the claimed medical condition was related to the accepted work injury.

On November 14, 2006 Dr. James E.B. Stuart, V, appellant’s hand surgeon, wrote as follows:

“I received your letter requesting clarification on my patient’s case. T[o] clarify that what she was treated for, was significant tenosynovitis affecting both the forearm and hand, which was directly related to the work injury. It was definitely included as a part of the procedure to her hand as it related to the work injury.”

In a decision dated January 12, 2007, an Office hearing representative vacated the March 17, 2006 decision and remanded the case for further development of the medical evidence. The hearing representative instructed the Office to obtain a reasoned opinion from its medical adviser on whether appellant’s right wrist lesion and its December 17, 2004 surgical removal were causally related to her employment injuries.

The Office prepared a statement of accepted facts, stating in part that the right carpal tunnel release was authorized. On April 6, 2007 the Office medical adviser addressed the issue of causal relationship:

“I have reviewed the medical records to include a series of narrative reports from the treating physician, Dr. James Stuart. There is a narrative dated November 14,

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<sup>1</sup> OWCP File No. 252044153.

<sup>2</sup> OWCP File No. 252050932.

2006 from Dr. Stuart indicating that the patient was treated for significant tenosynovitis involving both the forearm and the hand. He attempts to relate these conditions to the patient's work injury.

"I have reviewed the medical records. The accepted condition is that of a cellulitis and abscess of the right thumb and middle finger. This clearly does not relate to tenosynovitis of the forearm and hand. The other accepted condition is right carpal tunnel syndrome which was treated surgically. This also does not relate to the development of tenosynovitis involving the forearm and hand. There is nothing in the medical record which would support these conditions as being related to this patient's injuries at work or the accepted conditions. In my opinion the surgical removal of the lesion from the right wrist on December 17, 2004 does not relate to this individual's employment injuries."

In a decision dated June 7, 2007, the Office denied authorization for the removal wrist/forearm procedure.

### **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 that 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.<sup>3</sup> The Office must therefore exercise discretion in determining whether the particular service, appliance or supply is likely to effect the purposes specified in the Act.<sup>4</sup> The only limitation on the Office's authority is that of reasonableness.<sup>5</sup>

### **ANALYSIS**

When the Office received a request for authorization for a "remove wrist/forearm lesion" procedure, it asked appellant to submit a comprehensive medical report from her treating physician with diagnostic results and an explanation of how this procedure was related to her accepted work injury on June 25, 2004. Appellant did not submit such a report. The Office received a November 14, 2006 report from Dr. Stuart, the attending hand surgeon, but this three-sentence report was not comprehensive and offered no explanation of how the procedure or the wrist lesion was related to appellant's accepted work injury. Dr. Stuart simply asserted that it was related. Medical conclusions unsupported by rationale are of little probative or evidentiary

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<sup>3</sup> 5 U.S.C. § 8103(a).

<sup>4</sup> See *Marjorie S. Geer*, 39 ECAB 1099 (1988) (the Office has broad discretionary authority in the administration of the Act and must exercise that discretion to achieve the objectives of section 8103).

<sup>5</sup> *Daniel J. Perea*, 42 ECAB 214 (1990). See generally Federal (FECA) Procedure Manual, Part 2 -- Claims, *Developing and Evaluating Medical Evidence*, Chapter 2.810.10 (April 1993) (obtaining second opinions for surgery).

value.<sup>6</sup> Dr. Stuart's November 14, 2006 report does not establish that the lesion removal procedure was causally related to appellant's work injury. The April 6, 2007 opinion of the Office medical adviser reported that carpal tunnel syndrome does not relate to the development of tenosynovitis involving the forearm and hand. The medical opinion evidence does not establish that the procedure in question was necessary for appellant's accepted work injury. The Board finds that the Office did not abuse its discretion in denying authorization for the procedure. The Board will affirm the Office's June 7, 2007 decision.

On appeal, appellant argues that the Office has paid nothing for the December 17, 2004 surgery and that the lesion removal issue has clouded what she is entitled to. Authorization by the Office for medical examination or treatment constitutes a contractual agreement to pay for the services regardless of whether a compensable injury or condition exists.<sup>7</sup> The record establishes that the Office authorized the right carpal tunnel release on December 17, 2004.

### **CONCLUSION**

The Board finds that the Office properly denied authorization for a lesion removal procedure.

### **ORDER**

**IT IS HEREBY ORDERED THAT** the June 7, 2007 decision of the Office of Workers' Compensation Programs is affirmed.

Issued: January 14, 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

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<sup>6</sup> *Ceferino L. Gonzales*, 32 ECAB 1591 (1981); *George Randolph Taylor*, 6 ECAB 968 (1954).

<sup>7</sup> Federal (FECA) Procedure Manual, Part 3 -- Medical, *Authorizing Examination and Treatment*, Chapter 3.300.2.b (September 1996).