



## **FACTUAL HISTORY**

This is the fourth appeal before the Board. In the first appeal, the Board reversed an Office hearing representative's decision dated July 12, 2001 and finalized on July 23, 2001, which found an overpayment of compensation and that appellant was at fault in the creation of the overpayment.<sup>1</sup> The Board found that the Office of Personnel Management (OPM), not the Office, made the overpayment. Thus, the Board found it was up to OPM to recoup the overpayment made pursuant to the retirement annuity and not the Office. In the second appeal, the Board granted appellant's request to dismiss his appeal.<sup>2</sup> The Board in the third appeal set aside the Office's nonmerit August 2, 2005 decision.<sup>3</sup> The Board found that appellant's November 22, 2004 letter, which was received on February 8, 2005, constituted a timely request for reconsideration as it was filed within one year of the last merit decision dated March 24, 2004. The case was remanded to the Office for review of this evidence under the proper standard of review for a timely reconsideration request. The findings of fact and conclusions of law from the prior decision are hereby incorporated by reference.<sup>4</sup>

The evidence relevant to the issue at hand includes appellant's request for reimbursement of medical bills incurred and noting he attached prescription receipts and HCFA 1500's<sup>5</sup>; a February 21, 1995 letter from the Office informing him that for services for the period July 3 to November 12, 1993 were not payable; and a January 30, 1995 Office letter on which appellant requested the Office to "process the following claims for p[ay]m[en]t." The Office informed appellant on February 21, 1995 that the \$159.63 bill for services for the period July 3 to November 21, 1995 was not payable as it had been "submitted more than one year after the calendar year in which services were provided, or in which the claim was first accepted, whichever was later."

---

<sup>1</sup> 54 ECAB 586 (2003). This decision is not contained in the record.

<sup>2</sup> Docket No. 05-624 (issued April 1, 2005).

<sup>3</sup> Docket No. 06-1127 (issued November 24, 2006).

<sup>4</sup> On September 15, 1994 appellant, then a 53-year-old motor vehicle operator, filed an occupational disease claim alleging his forearm myofascial condition and hand pain were employment related. He noted that he first became aware of this condition on June 30, 1993 and that on July 15, 1994 he first realized the condition was employment related. The Office assigned this claim number 12-0149253 and accepted his claim for bilateral hand overuse syndrome on January 30, 1995. Appellant filed an occupational disease claim on December 3, 1997 alleging his right shoulder tendinitis was employment related. The Office accepted the claim for right shoulder cuff tear and authorized a February 25, 1998 surgery to repair the rotator cuff. This claim was assigned claim number 12-0172927. Appellant retired from the employing establishment effective May 22, 1998 and began receiving a retirement annuity from OPM in June 1998. Appellant elected to receive benefits under the Federal Employees' Compensation Act on February 17, 1999 and February 2, 2000. The Office combined appellant's claim number 12-0149353, which accepted the condition of bilateral overuse syndrome of the hands with claim number 12-0172927, which was accepted for right shoulder cuff tear, with 12-0172927 as the master file number. Appellant was placed on the periodic rolls for temporary total disability by letter dated February 10, 1999.

<sup>5</sup> The record does not contain a copy of the prescription receipts or HFCA 1500's noted as being attached.

In a letter dated February 20, 2002, appellant requested the Office to reopen his claim number 12-0149253, which had been accepted for bilateral hand overuse syndrome regarding payment of bills incurred for this condition prior to acceptance of his claim.

In a letter dated March 26, 2002, the Office informed appellant that his claim for bilateral hand overuse syndrome was closed in 1997 for any further benefits. Appellant was advised that if he had any medical bills for this condition prior to July 1997 and if these bills had been submitted within one year of the date of service, he should request his doctor to resubmit the bills on the attached HFCA-1500 form for review and possible payment. The Office informed appellant that no bill could be paid if it was not submitted within one year of the date the claim was accepted or the date of service, whichever date is later.

In a letter dated July 13, 2003, appellant requested reimbursement for his medication and other medical billings for the period June 30, 1993 to January 30, 1994. He noted that he has copies of checks and vouchers, but no receipts for the medications as he gave them to the employing establishment health unit. Appellant attached a copy of the January 30, 1995 acceptance of his claim for bilateral hand overuse syndrome.

By decision dated October 9, 2003, the Office denied appellant's request for reimbursement for medications for the period June 30, 1993 to January 30, 1994 as the request was more than a year after the claim had been accepted.

In a letter dated June 22, 2005 and August 27, 2006, appellant requested reimbursement for medical expenses incurred for the period June 30, 1993 to January 30, 1994 due to his accepted overuse syndrome. He noted that he had previously sent some vouchers to the Office several years ago.

By decision dated January 29, 2007, the Office denied appellant's request for reimbursement for medications for the period June 30, 1993 through January 30, 1994.

On September 7, 2007 appellant requested reconsideration and resubmitted evidence previously of record, showing treatment for various conditions and contending that he was unable to timely gather and submit bills for reimbursement because of the pain he experienced.

By decision dated September 11, 2007, the Office denied appellant's request for reconsideration without conducting a merit review on the grounds that the submitted evidence was duplicative. The Office also found that appellant raised contentions on reconsideration that were not relevant.

### **LEGAL PRECEDENT -- ISSUE 1**

An employee is entitled to receive all medical services, appliances or supplies which a qualified physician prescribes or recommends and which the Office considers necessary to treat a work-related injury.<sup>6</sup> While the Office is obligated to pay for treatment of employment-related conditions, appellant has the burden of establishing that the expenditure is incurred for treatment

---

<sup>6</sup> 5 U.S.C. § 8103(a); 20 C.F.R. § 10.310(a) (1999); see *Lisa DeLindsay*, 51 ECAB 634 (2000).

of the effects of an employment-related injury or condition.<sup>7</sup> To be entitled to reimbursement of medical expenses by the Office, appellant must establish a causal relationship between the expenditure and the treatment by submitting rationalized medical evidence supporting such a connection and demonstrating that the treatment is necessary and reasonable.<sup>8</sup>

The regulation provides that a claimant is responsible for submitting the necessary documentation in support of a request for reimbursement of medical expenses incurred.<sup>9</sup> No bill will be paid for expenses incurred if the bill is submitted more than one year beyond the end of the calendar year in which the expense was incurred or the service or supply was provided or more than one year beyond the end of the calendar year, in which the claim was first accepted as compensable by the Office, whichever is later.<sup>10</sup>

### **ANALYSIS -- ISSUE 1**

The Office accepted appellant's claim for bilateral hand overuse syndrome on January 30, 1995. Appellant requests that he be reimbursed for medical bills incurred for treatment of this condition for the period June 30, 1993 to January 30, 1994. The issue to be resolved is whether appellant timely filed a claim for reimbursement of medical expenses incurred during the claimed period.

The record contains evidence that appellant submitted a bill for reimbursement in the amount of \$159.63 for medical services rendered during the period July 3 to November 21, 1995 and that he submitted unidentified medical bills for reimbursement to the Office. As noted above, the regulations are specific as to time limitations for filing requests for reimbursements of medical bills. Section 10.803 specifically states "no bill will be paid for expenses incurred if the bill is submitted more than one year beyond the end of the calendar year in which" the Office first accepted the claim as compensable or when the expense was incurred, whichever is later.<sup>11</sup> By letter dated February 21, 1995, the Office acknowledged that it had received the bill for \$159.63 on February 16, 1995. Although this February 16, 1995 date may be beyond the applicable time period when compared to the date the service was provided in 1993, it was submitted within a month of January 30, 1995, the date when the claim for which the reimbursement was requested was first accepted. The record therefore establishes that appellant timely submitted a request for reimbursement for \$159.63 for medical services as this claim was submitted within one year of the first acceptance of his claim. Thus, the Office improperly denied appellant's request for reimbursement for this amount as it was not timely submitted. As to any other claim for reimbursement of medical expenses, the record does not contain any evidence of medical bills submitted for the period June 30, 1993 to January 30, 1994 other than

---

<sup>7</sup> *Dale E. Jones*, 48 ECAB 648 (1997).

<sup>8</sup> *Cathy B. Millin*, 51 ECAB 331, 333 (2000); *see id.*

<sup>9</sup> 20 C.F.R. § 10.802(a)(b).

<sup>10</sup> 20 C.F.R. § 10.803.

<sup>11</sup> *Id.*

the \$159.63 previously noted. Appellant timely submitted a claim for reimbursement of medical expenses in the amount of \$159.63.

**CONCLUSION**

The Board finds that appellant's request for reimbursement for \$159.63 for medical expenses incurred during the period June 30, 1993 to January 30, 1994 was timely filed within one year of the acceptance of his claim by the Office. In light of the Board's ruling on the first issue, the second issue is moot.

**ORDER**

**IT IS HEREBY ORDERED THAT** the decisions of the Office of Workers' Compensation Programs dated September 11 and January 29, 2007 are set aside and remanded for consideration of reimbursement.

Issued: October 3, 2008  
Washington, DC

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

David S. Gerson, Judge  
Employees' Compensation Appeals Board

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