United States Department of Labor
Employees' Compensation Appeals Board

P.D., Appellant	)	
and	)	**Docket No. 08-2552**
	)	**Issued: July 10, 2009**
U.S. POSTAL SERVICE, MONMOUTH PROCESSING & DISTRIBUTION CENTER, Eatontown, NJ, Employer	)	

Appearances:
Jeffrey P. Zeelander, Esq., for the appellant
Office of Solicitor, for the Director

Case Submitted on the Record

DECISION AND ORDER

Before:
ALEC J. KOROMILAS, Chief Judge
DAVID S. GERSON, Judge
COLLEEN DUFFY KIKO, Judge

JURISDICTION

On September 22, 2008 appellant filed a timely appeal from a September 10, 2008 merit decision of the Office of Workers' Compensation Programs' Branch of Hearings and Review denying his claim. The September 10, 2008 decision also denied his request for a subpoena. Pursuant to 20 C.F.R. §§ 501.2(c) and 501.3, the Board has jurisdiction over the merits of this case.

ISSUES

The issues are: (1) whether appellant established that he sustained an injury in the performance of duty; and (2) whether the Office properly denied appellant's request for a subpoena.

FACTUAL HISTORY

On August 6, 2007 appellant, a 48-year-old mail handler, filed an occupational disease claim (Form CA-2) for chronic obstructive pulmonary disease (COPD). He attributed his

condition to exposure to dust at work. Appellant further alleged that this dust is visible in the air and is up to ¼ inch thick on the surfaces of equipment and machinery. The employing establishment controverted his claim, arguing that the alleged factors of employment underlying his claim were nonexistent and that the agency did not agree with the alleged dust exposure claim.

Appellant submitted an April 14, 2004 report from Dr. Alicia Daniels, a Board-certified diagnostic radiologist, who reported findings upon examination. Dr. Daniels diagnosed appellant with eventration of the right hemidiaphragm. She reported that early changes of diverticulitis could not be completely excluded.

Appellant submitted an April 14, 2004 report from a Dr. Joseph Triolo, a Board-certified diagnostic radiologist, who reported that appellant complained of abdominal pain. Dr. Triolo noted that there was no evidence of bowel obstruction or pneumoperitoneum.

Appellant also submitted a spirometery report dated April 17, 2004.

Appellant submitted a February 22, 2005 report signed by Dr. Mario Arrendondo, who noted limited inspiratory effort and findings suggestive of a small left pleural effusion. Additionally, Dr. Arrendondo noted that compressive atelectasis or discoid atelectasis at the left lung base could not be excluded posteriorly.

In a February 27, 2005 report, signed by Dr. Robert Cranley, a Board-certified diagnostic radiologist, reported the results from a chest computerized tomography (CT) scan as well as an ultrasound of the left chest. The ultrasound revealed no fluid collection in the lungs and the CT scan revealed nothing remarkable.

In a March 8, 2005 note, Dr. Tanveer Ahmad, a Board-certified internist, reported that appellant was quite perplexed with his continued symptoms of severe dyspnea. He reported that appellant presented with profound dyspnea of an unclear nature and that pulmonary workup was apparently unable to explain his symptoms. In a separate report dated March 8, 2005, Dr. Ahmad reported that an echocardiogram (ECG) revealed a normal right and left ventricle function with trace tricuspid regurgitation as well as grossly normal cardiac valves.

Appellant submitted diagnostic laboratory test results for tests performed March 15, 2005.

Appellant submitted a March 18, 2005 report from Dr. Antonio Meily, a Board-certified internist, who proffered no diagnosis but, following diagnostic tests, recommended appellant follow-up in three days for further evaluation.

On March 18, 2005 appellant saw Dr. Rajeswaran, a Board-certified internist, who diagnosed appellant with chronic obstructive pulmonary disease.

Appellant also submitted a March 30, 2005 diagnostic report and a March 2, 2005 report signed by Dr. Albert Ybasco, a Board-certified diagnostic radiologist.

By note dated April 5, 2005, Dr. Ahmad reported that appellant has a family history of heart disease and abnormal ECG and COPD. In a separate report dated April 5, 2005, he reported that exercise single photon emission computed tomography perfusion imaging revealed an inferior defect. Dr. Ahmad opined that this was consistent with diaphragmatic attenuation.

By undated note, Dr. Anselm Igbanugo, a Board-certified internist, identified factors of appellant's employment that he alleged were responsible for appellant's COPD. He attributed appellant's condition to the fact that appellant works in an environment in which there are no windows and, until recently, no ventilation other than air conditioning. Dr. Igbanugo asserted that dust collected on the outside of the mail sorting machine that appellant used and clouds of dust rose from these machines. He reported that the dust accumulates to ¼ of an inch on these machines. In another medical note dated August 9, 2005, Dr. Igbanugo treated appellant for headache, blurred vision and a stuffy nose. He diagnosed appellant with sinus airway obstruction with low vital capacity. In a subsequent medical treatment note dated April 25, 2007, Dr. Igbanugo treated appellant for sinus pressure, body aches, fever and chills. He diagnosed appellant with pneumoperitoneum -- SOB and COPD. Dr. Igbanugo asserts that appellant's condition is "definitely work related."

Appellant submitted a spirometry report dated August 10, 2005.

By report dated August 15, 2005, Dr. Murphy diagnosed appellant with paralysis of the left hemidiaphragm. He reported that the most striking finding was that appellant had orthopnea when lying down. Dr. Murphy also noted the presence of diminished movement of the left diaphragm. This diagnosis was modified on September 15, 2005 when Dr. Murphy added headaches, etiology undetermined.

By report dated August 15, 2005, Dr. Michael Scharf reported results of pulmonary diagnostic tests. He noted the presence of severe reversible obstructive pulmonary disease and possible moderate restrictive pulmonary disease. Further, the tests revealed air trapping and moderate gas transfer defect.

In an August 15, 2005 radiology report, Dr. Howard Naidech, a Board-certified radiologist, reported that the films revealed that the hemidiaphragm was elevated and fluoroscopy revealed paradoxical motion of the left hemidiaphragm. He noted that there was some atelectasis at the left lung base. The left lung fields were clear of infiltrate and mass but that there was no evidence of failure or pleural fluid. Dr. Naidech opined that the results of this radiology examination were consistent with paralyzed left diaphragm. He also observed that the left hemidiaphragm was elevated and moved paradoxically upon rapid breathing.

By report dated September 15, 2005, a Dr. David Murphy who, after noting that appellant's left diaphragm was not functioning, proffered a diagnosis of paralysis of the left hemidiaphragm.

Appellant also submitted a September 15, 2005 report signed by Dr. Naidech, who opined that, while there was some compression in the lower lobes, he did not believe there was any cardiopulmonary disease. On September 15, 2005 Dr. Naidech reported results from a CT scan. The CT scan revealed no pleural fluid or pleural nodularity. Furthermore, although the

hemidiaphragmatic surfaces were elevated, Dr. Naidech did not believe there was intrinsic cardiopulmonary disease.

In addition to more duplicate copies of medical evidence already in the record, appellant submitted a May 11, 2006 medical report signed by Dr. John Nicewicz, a Board-certified internist with a subspecialty in pulmonary disease, who interpreted the results from a battery of pulmonary tests, noted a moderate obstructive pattern which improved with a bronchilator.

By medical report dated May 11, 2006, Dr. Stephanie Flicker, a Board-certified diagnostic radiologist, reported that a fluoroscopy of the left diaphragm revealed that, although the left hemidiaphragm is slightly diminished, it evidenced improvement since the last pulmonary study.

Appellant submitted results from diagnostic tests performed May 11, 2006. He also submitted a series of medical progress reports concerning appointments occurring between February 21, 2005 and March 5, 2007.

Appellant submitted the results of a pulmonary laboratory test dated May 11, 2006 signed by Dr. Nicewicz, as well as additional laboratory work performed on March 28, 2005.

By report dated May 11, 2006, Dr. Murphy reviewed results from a battery of test results. He diagnosed chronic obstructive lung disease, slight leucopenia of undetermined etiology and a history of headaches. Dr. Murphy reported that appellant's diaphragmatic function had returned, but that he had no explanation for appellant's leucopenia. He also noted that, while appellant's oxygen saturation fell during periods of exercise, it did not fall to a point requiring supplemental oxygen.

Appellant also submitted a series of 12 photos depicting scenes and equipment at the employing establishment.

Appellant submitted the results from a battery of pulmonary function tests performed on March 21 and 24, 2006 and reports from diagnostic tests performed February 28, 2006.

In an April 20, 2007 note, Mike Ingram, a coworker, asserted that appellant told him that his doctors believed that his lung condition was caused by working at the employing establishment. Appellant submitted a note dated May 12, 2007 signed by another fellow employee asserting the belief that the dust in the employing establishment had been a major health problem. He submitted a similar note dated May 5, 2007 from another fellow employee. Appellant submitted witness statements from several coworkers who alleged that their workplace is dusty.

Appellant submitted pulmonary laboratory test results from tests conducted July 19, 2007.

By letter dated September 12, 2007, the Office notified the employing establishment that it had received and reviewed appellant's CA-2 and the accompanying evidence. It requested the employing establishment submit comments from a knowledgeable supervisor concerning the

accuracy of the statements advanced by appellant relative to this claim and whether the employing establishment concurred with employee's allegations.

By letter dated September 12, 2007, the Office notified appellant that the evidence submitted in support of his claim was insufficient for the Office to determine whether he was eligible for benefits under the Federal Employees' Compensation Act. It stated that the evidence of record did not establish that the alleged conditions were caused or aggravated by workplace exposure.

Appellant retained counsel who, by letter dated September 25, 2007, requested that the Office review the evidence of record a second time. He asserted that the issues raised by the Office in its September 12, 2007 letter were answered by the materials already in evidence. Counsel asserted that the Office should pay particular attention to the photos depicting the dusty conditions at appellant's workplace. He also requested that the employing establishment submit a list of all environmental testing performed at appellant's workplace.

Appellant submitted blueprints of the employing establishment's facility.

By letter dated October 15, 2007, the employing establishment submitted the results of an indoor air quality study performed October 2007 by the Louis Berger Group, Inc., which observed dust accumulation on overhead structural steel surfaces and tops of cabinets and machinery. The Louis Berger Group, Inc. found that dust levels averaged 1/100th of the recommended Occupational Safety and Health Administration (OSHA) permissible exposure levels and American Conference of Governmental Industrial Hygienists threshold limit values. They noted that fans and ventilation systems were functioning during these tests and that facility maintenance was undertaking high bay cleaning operations in response to employee concerns. The Berger Group also noted that these cleaning activities did not result in any elevated facility dust levels being recorded. No noticeable dust accumulation was noticed on the general floor area, however, underneath machinery areas were noted as having dust accumulation. They recommended that the USPS continue with the dust mitigation procedures in place and also address areas under mail handling equipment. The Berger Group also tested for volatile organic compounds and found that their levels averaged 1/100th of the recommended OSHA permissible exposure levels and American Conference of Governmental Industrial Hygienists threshold limit values.

Appellant submitted a report dated December 2, 2007, signed by Dr. Allan P. Friedman, a Board-certified internist, who noted that a spirometry performed that day revealed severe reduction of vital capacity. Further, Dr. Friedman noted that the pattern itself shows some small airway dysfunction but this could have been a pseudorestrictive pattern associated with air trapping. He opined that appellant's condition was caused by his exposure to dust in the workplace. Dr. Friedman noted that, while his condition has some degree of reversibility, he considered appellant's condition a permanent one rather than a transient exacerbation, due to the exposure to dust at the postal service. He reported that dust is a nonspecific irritant and that some individuals are more prone to irritation and inflammation than others, possibly related to an underlying otherwise occult asthmatic condition. Dr. Friedman diagnosed appellant with chronic obstructive pulmonary disease and chronic respiratory failure. He asserted that appellant's

ongoing pulmonary treatment needs, including medications and oxygen, are related to his exposure.

By decision dated February 14, 2008, the Office denied appellant claim because the evidence of record was insufficient to establish that he sustained an injury in the performance of duty as defined by the Act.

Appellant disagreed and, through counsel, requested an oral hearing. Further, by letter dated April 15, 2008, appellant's attorney requested that the Office subpoena from the employing establishment documentation from all studies concerning dust at appellant's place of work. Appellant's attorney also requested the Office subpoena copies of all correspondence, emails and other communications regarding the dust situation at appellant's workplace. By letter dated April 1, 2008, the employing establishment reported to OSHA concerning complaints made concerning alleged hazards at appellant's workplace.

Appellant submitted medical notes concerning appointments occurring on March 8, 2007 and June 28, October 26, November 11, 2006 and August 29 and March 8, 2005. These notes were signed by a physician whose signature is illegible. Appellant submitted additional treatment notes concerning appointments that occurred in 2005.

A hearing was held June 18, 2008 and appellant and appellant's attorney were present. By decision dated September 10, 2008, the Branch of Hearings and Review accepted that appellant was exposed to environmental dust while in the performance of duty. It also accepted that appellant established he has COPD. However, the hearing representative found that appellant did not establish that his COPD was causally related to his federal employment duties. For this reason, the hearing representative affirmed the Office's February 14, 2008 decision, but modified the decision to show that appellant failed to establish causal relationship.

Additionally, the hearing representative denied appellant request for subpoenas, finding that appellant had produced insufficient evidence to establish the relevance of the employing establishment's testimony. Moreover, the hearing representative denied appellant's subpoena request because there was no evidence of record establishing that the environmental reports were inaccurate or that they could not speak for themselves.

LEGAL PRECEDENT -- ISSUE 1

An employee seeking benefits under the Act[1] has the burden of establishing the essential elements of his claim, including the fact that an injury was sustained in the performance of duty as alleged,[2] and that any disability and/or specific condition for which compensation is claimed are causally related to the employment injury.[3]

[1] 5 U.S.C. §§ 8101-8193.

[2] *Joseph W. Kripp*, 55 ECAB 121 (2003). *See also* 5 U.S.C. § 8101(5) (injury defined); 20 C.F.R. § 10.5(q) and (ee) (2008) (Occupational disease or Illness and Traumatic injury defined).

[3] *Dennis M. Mascarenas*, 49 ECAB 215, 217 (1997).

To establish that an injury was sustained in the performance of duty in a claim for occupational disease, an employee must submit: (1) a factual statement identifying employment factors alleged to have caused or contributed to the presence or occurrence of the disease or condition; (2) medical evidence establishing the presence or existence of the disease or condition for which compensation is claimed; and (3) medical evidence establishing that the diagnosed condition is causally related to the employment factors identified by the employee.[4] The medical evidence required to establish a causal relationship, generally, is rationalized medical opinion evidence, *i.e.*, medical evidence presenting a physician's well-reasoned opinion on how the established factor of employment caused or contributed to the claimant's diagnosed condition. To be of probative value, the opinion of the physician must be based on a complete factual and medical background of the claimant, must be one of reasonable medical certainty, and must be supported by medical rationale explaining the nature of the relationship between the diagnosed condition and the specific employment factors identified by the claimant.[5]

An award of compensation may not be based on appellant's belief of causal relationship. Neither the mere fact that a disease or condition manifests itself during a period of employment, nor the belief that the disease or condition was caused or aggravated by employment factors or incidents, is sufficient to establish a causal relationship.[6]

ANALYSIS -- ISSUE 1

The Office accepted that appellant was exposed to environmental dust in the performance of his federal employment and that appellant has an established medical condition: COPD. The matter of contention, then, is whether the medical evidence of record establishes that appellant's established medical condition, COPD, is causally related to his federal employment. Because the medical evidence of record lacks a rationalized medical opinion concerning the causal relationship between appellant's medical condition and factors of his federal employment, the Board finds that appellant has not satisfied his burden of proof.

The medical evidence appellant submitted consisted of notes, diagnostic tests and reports from several physicians. But none of these reports and notes contain a rationalized medical opinion concerning the required causal relationship and, therefore, are of little probative value. The Board has consistently held that medical reports lacking a rationale on causal relationship have little probative value.[7] As noted above, a rationalized medical opinion is based on a complete factual and medical background and is supported by medical rationale.[8]

[4] *See Roy L. Humphrey*, 57 ECAB 238, 241 (2005); *Ruby I. Fish*, 46 ECAB 276, 279 (1994).

[5] *Leslie C. Moore*, 52 ECAB 132, 134 (2000); *see also Ern Reynolds*, 45 ECAB 690, 695 (1994).

[6] *Phillip L. Barnes*, 55 ECAB 426 (2004).

[7] *See Mary E. Marshall*, 56 ECAB 420 (2005) (medical reports that do not contain rationale on causal relationship have little probative value).

[8] *Froilan Negron Marrero*, 33 ECAB 796 (1982).

While Dr. Murphy's report proffered a diagnosis, left hemidiaphragm and a headache of unknown etiology, he provided no opinion concerning the causal link between factors of appellant's federal employment. Similarly, Drs. Daniels, Ahmad, Cranley and Ybasco all diagnosed a variety of medical conditions, but none of theses diagnoses were supported by a rationalized medical opinion that causally connected the diagnosed condition(s) to factors of appellant's federal employment. Therefore, these opinions are of limited probative value and are insufficient to satisfy appellant's burden.

Dr Igbanugo's August 25, 2007 report diagnosed appellant with pneumoperitoneum -- SOB and COPD which he asserted was "definitely work related." But this diagnosis and opinion is of limited probative value as it is not contained in a rationalized and well-reasoned opinion predicated upon a thorough review of appellant's medical history that causally connects the diagnosed condition to factors of appellant's federal employment.

In lieu of a probative medical opinion, Dr. Igbanugo made a nonsubstantive conclusory statement concerning appellant's condition and the issue of causation. A physician's opinion on the causal relationship between a claimant's disability and an employment injury is not dispositive simply because it is rendered by a physician.[9] The opinion of a physician supporting causal relationship must be based on a complete and accurate medical and factual background, supported with affirmative evidence and explained by medical rationale.[10] Because this report, as well as the rest of the medical evidence from Dr. Igbanugo, are conclusory and fail to provide any medical rational as to how factors of appellant's federal employment caused or aggravated his COPD, they are of no probative value and are insufficient to satisfy appellant's burden.

Furthermore, Dr. Igbanugo, in an undated note, attempted to identify specific factors of appellant's employment that caused appellant's condition. But this note did not offer findings upon examination and was not based on a complete medical history such that it demonstrates a thorough familiarity and understanding of appellant's condition, course of treatment and appellant's federal employment duties.[11] Such opinions as this are of limited probative value and, therefore, are insufficient to satisfy appellant's burden.

While Dr. Scharf noted the presence of severe reversible obstructive pulmonary disease and possible moderate restrictive pulmonary disease, this is an equivocal statement. As a matter of law, such terms as "suspected," "could," "may," "might be," and "possible" indicate that the report is equivocal, speculative or conjectural and, therefore, the report is of limited probative

[9] *Jean Culliton*, 47 ECAB 728, 735 (1996).

[10] *Robert Broom*, 55 ECAB 339 (2004); *Patricia J. Glenn*, 53 ECAB (2001).

[11] *See Anna C. Leanza*, 48 ECAB 115 (1996); *Connie Johns*, 44 ECAB 560 (1993) (the weight of medical opinion evidence is determined by the opportunity for and thoroughness of examination, the accuracy and completeness of the physician's knowledge of the facts and medical history, the care of analysis manifested, and the medical rationale expressed in support of the opinion). *See also Daniel J. Overfield*, 42 ECAB 718 (1991) (medical opinions which are based on an incomplete or inaccurate factual background are entitled to little probative value in establishing a claim).

value.[12] Thus, the evidence from Dr. Scharf is of diminished probative value and, therefore, insufficient to satisfy appellant's burden.

Dr. Friedman opined that appellant's COPD was caused by his exposure to dust in the workplace. He reasoned that dust is a nonspecific irritant and that some individuals are more prone to irritation and inflammation than others, possibly related to an underlying otherwise occult asthmatic condition. But this too is an equivocal statement and, therefore, the report is of limited probative value.[13] Furthermore, Dr. Friedman proffers no rationalized medical opinion concerning whether, why and how appellant is more prone to dust exposure-related irritation and inflammation. Thus, this conclusory and equivocal medical report is insufficient to meet appellant's burden because Dr. Friedman provided no rationalized medically relevant opinion that appellant is more prone to dust-related irritation.

Finally, the photographic evidence, a series of 12 photographs, is of no probative value because the photographs lack any medical explanation addressing the cause of appellant's COPD and its link to any implicated factors of appellant's federal employment. Moreover, the opinions of layman have no evidentiary value in regard to a medical issue such as the one involved in this case.[14]

Neither the fact that a disease or condition becomes apparent during a period of employment, nor appellant's belief that the disease or condition is caused or aggravated by the conditions of employment is insufficient to establish causal relation.[15] This is a medical issue. As there is no rationalized medical evidence of record establishing that appellant's chronic obstructive pulmonary disease, or any other diagnosed condition, was caused or aggravated by his federal employment duties as alleged, the Board finds that he has failed to meet his burden of proof.

LEGAL PRECEDENT -- ISSUE 2

Section 8126 of the Act provides that the Secretary of Labor, on any matter within her jurisdiction under this subchapter, may issue subpoenas for and compel the attendance of witnesses within a radius of 100 miles.[16] The implementing regulations provide that a claimant may request a subpoena, but the decision to grant or deny such a request is within the discretion of the hearing representative, who may issue subpoenas for the attendance and testimony of witnesses and for the production of books, records, correspondence, papers or other relevant documents. Subpoenas are issued for documents only if they are relevant and cannot be obtained

[12] Federal (FECA) Procedure Manual, Part 2 -- Claims, *Developing and Evaluating Medical Evidence*, Chapter 2.810.3(g) (April 1993).

[13] *Id.*

[14] *See William E. Enright*, 31 ECAB 426 (1980).

[15] *See Neal C. Evins*, 48 ECAB 252 (1996); *Ronald M. Cokes*, 46 ECAB 967 (1995).

[16] 5 U.S.C. § 8126(1).

by other means and for witnesses only where oral testimony is the best way to ascertain the facts.[17]

In requesting a subpoena, a claimant must explain why the testimony is relevant to the issues in the case and why a subpoena is the best method or opportunity to obtain such evidence because there is no other means by which the testimony could have been obtained.[18] Section 10.619(a)(1) of the implementing regulations provide that a claimant may request a subpoena only as a part of the hearings process and no subpoena will be issued under any other part of the claims process. To request a subpoena, the requestor must submit the request in writing and send it to the hearing representative as early as possible, but no later than 60 days (as evidenced by postmark, electronic marker or other objective date mark) after the date of the original hearing request.[19]

The Office hearing representative retains discretion on whether to issue a subpoena. The function of the Board on appeal is to determine whether there has been an abuse of discretion.[20] Abuse of discretion is generally shown through proof of manifest error, a clearly unreasonable exercise of judgment or actions taken which are clearly contrary to logic and probable deduction from established facts.[21]

ANALYSIS -- ISSUE 2

On March 6, 2008 appellant, through counsel, requested a hearing and by letter dated April 15, 2008 requested subpoenas to compel production from the employing establishment all documentation from all studies concerning dust at appellant's place of work. Appellant, through his attorney, also requested the Office subpoena copies of all correspondence, emails and other communications regarding the dust situation at appellant's workplace. On September 10, 2008 the Office hearing representative denied appellant's request to subpoena appellant, finding that appellant had produced insufficient evidence to establish the relevancy of the employing establishment's testimony. Moreover, the hearing representative denied appellant's subpoena request because there was no evidence of record establishing that the environmental reports were inaccurate or that they could not speak for themselves.

The Board finds that the hearing representative properly denied appellant's subpoena request because appellant had not established the relevancy of the employing establishment's testimony and because there was no evidence of record establishing that the environmental reports were either inaccurate or that they could not speak for themselves. An abuse of discretion is generally shown through proof of manifest error, clearly unreasonable exercise of judgment or actions taken which are contrary to both logic and probable deduction from

[17] 20 C.F.R. § 10.619; *Gregorio E. Conde*, 52 ECAB 410 (2001).

[18] *Id.*

[19] 20 C.F.R. § 10.619(a)(1).

[20] *Gregorio E. Conde*, *supra* note 17.

[21] *Claudio Vazquez*, 52 ECAB 496 (2001).

established facts.[22] The mere showing that the evidence would support a contrary conclusion is insufficient to prove an abuse of discretion. The Board finds that the hearing representative did not abuse its discretion in denying appellant's request for subpoenas.

CONCLUSION

The Board finds that appellant has not established that he sustained an injury in the performance of duty. The Board further finds that the Office properly denied her request for a subpoena.

ORDER

IT IS HEREBY ORDERED THAT September 10, 2008 decision of the Office of Workers' Compensation Programs' Branch of Hearings and Review is affirmed.

Issued: July 10, 2009
Washington, DC

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

David S. Gerson, Judge
Employees' Compensation Appeals Board

Colleen Duffy Kiko, Judge
Employees' Compensation Appeals Board

[22] *Id.*