

FACTUAL HISTORY

On November 5, 1997 appellant, then a 42-year-old carrier technician, sustained a traumatic injury in the performance of duty when she lifted a bucket and felt a sharp pain in her left shoulder and neck area. OWCP accepted her claim for left shoulder and cervical strain.

On July 20, 2010 Dr. Robert E. Holladay, IV, a Board-certified orthopedic surgeon and OWCP referral physician, examined appellant and reviewed her record. He found it difficult to explain her ongoing subjective complaints some 13 years after a strain and sprain of the cervical spine. Soft tissue strains and sprains, Dr. Holladay noted, resolved after a period of three to four months. Appellant had no clinical complaints or examination findings to support a radiculopathy. Dr. Holladay noted multiple physicians had not documented objective complaints and examination findings that would support a radiculopathy.

Dr. Holladay found no medical indication for formal physical therapy. He believed that appellant was capable of managing her chronic pain with over-the-counter analgesics and anti-inflammatory medications. Appellant did not require prescription medications for her chronic musculoskeletal complaints, which were more likely due to a preexisting, progressive degenerative change at the C5-6 level. Dr. Holladay found her to be a poor surgical candidate. He also found that cervical spine epidural steroid injections were not medically indicated that because appellant did not show objective findings, by clinical examination or by complaints, to support a radiculopathy.

On June 6, 2011 OWCP received a request from appellant to participate in a physical therapy program.

In a June 10, 2011 decision, OWCP denied authorization for physical therapy. It noted that a second-opinion evaluation determined that all residuals of the accepted work injury had resolved.

Dr. Serge M. Pamphile, appellant's general practitioner, continued to recommend physical therapy. On July 27, 2011 he found that appellant was still symptomatic of conditions related to the original work injury. Dr. Pamphile stated, however, that, although she was compliant with conservative therapy, appellant was not getting any improvement from that line of treatment.

In decisions dated September 29 and November 3, 2011, OWCP denied modification of its June 10, 2011 decision. It noted that additional medical documentation did not support the need for continued physical therapy: Dr. Pamphile did not offer a rationalized medical opinion to support treatment that is generally medically feasible for only 120 days following the date of injury or surgical intervention.² As Dr. Holladay provided a reasoned medical opinion explaining why medical authorization should not be given for continued physical therapy, OWCP denied authorization.

² Dr. Pamphile noted that appellant had been compliant with occupational therapy "but she is not getting any improvement from that line of treatment."

LEGAL PRECEDENT

Section 8103(a) of FECA 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.³ OWCP must therefore exercise discretion in determining whether the particular service, appliance or supply is likely to effect the purposes specified in FECA.⁴ The only limitation on OWCP's authority is that of reasonableness.⁵

ANALYSIS

The issue is whether OWCP properly exercised its discretion when it denied authorization for continued physical therapy. OWCP based its decision on the opinion of Dr. Holladay, a Board-certified orthopedic surgeon, who explained that soft tissue strains and sprains resolves in a period of months and that it had now been 13 years since appellant had suffered a work-related left shoulder and cervical strain. With no evidence of radiculopathy, it was difficult to explain appellant's ongoing subjective complaints. Moreover, Dr. Holladay found no medical indication for formal physical therapy, as she could manage her chronic pain with over-the-counter analgesics and anti-inflammatory medications.

Dr. Holladay reviewed appellant's record and offered a rationale opinion on whether she needed continued physical therapy. Given this evidence, it was reasonable for OWCP, prior to authorizing any further physical therapy, to require appellant's general practitioner, Dr. Pamphile, to explain how the requested services were related to the soft tissue strain appellant sustained on November 5, 1997, as opposed to, perhaps, progressive degenerative changes at C5-6.

The Board finds that OWCP considered the medical opinion evidence and properly exercised its discretion under section 8103 of FECA. The Board will therefore affirm OWCP's November 3, 2011 decision denying authorization for further physical therapy.

Appellant may submit new evidence or argument with a written request for reconsideration to OWCP within one year of this merit decision, pursuant to 5 U.S.C. § 8128(a) and 20 C.F.R. §§ 10.605 through 10.607.

CONCLUSION

The Board finds that OWCP properly exercised its discretion in denying authorization for further physical therapy.

³ 5 U.S.C. § 8103(a).

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

⁵ *Daniel J. Perea*, 42 ECAB 214 (1990).

ORDER

IT IS HEREBY ORDERED THAT the November 3, 2011 decision of the Office of Workers' Compensation Programs is affirmed.

Issued: May 24, 2012
Washington, DC

Richard J. Daschbach, Chief Judge
Employees' Compensation Appeals Board

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

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