

forehead and top of his hand, and jammed his neck while he was in the performance of duty. OWCP initially accepted lacerations of the scalp and forehead and a cervical strain. It subsequently expanded the claim to include aggravation of left lower extremity Osgood-Schlatter's disease. Appellant returned to work in a light-duty capacity and continued working in that capacity until he retired.²

By decision dated November 12, 1997, OWCP issued appellant a schedule award for four percent permanent impairment of the left leg. The award ran 11.52 weeks for the period May 18 to August 6, 1995. Appellant continued to seek medical care for both his neck pain and left knee pain.

On March 7, 2014 appellant filed a recurrence claim for medical treatment from August 19, 1994 onward. He indicated that his pain had worsened and continued in his head, shoulder, neck, knee, arms, and hands. Appellant stated that he could not perform his usual duties because of his injuries and had to retire on disability.

In a December 20, 2013 report, Dr. Kathy L. Head, Board-certified in occupational medicine, noted findings on examination of appellant on December 10, 2013. She indicated that appellant was declared permanent and stationary on November 23, 2010 for multiple diagnoses including cervical strain. Dr. Head noted that appellant was recently seen by Dr. Tiffany Shay Alexander, Board-certified in occupational medicine, for exacerbation of neck strain and she noted appellant's complaints of chronic achy neck pains and tightness in his neck since he was declared permanent and stationary in 2010. Dr. Alexander noted examination findings of the neck, which included positive paraspinal and trapezial muscle tenderness and positive trapezius muscle spasm. Range of motion of neck with pain at end of range forward flexion. Dr. Alexander noted that the bilateral wrists and left knee were not examined. She diagnosed neck sprain with exacerbation, carpal tunnel syndrome, status post release on right, and left knee strain. Dr. Head also reported that appellant exhibited signs of a chronic cervical sprain and currently has spasm. She denied any other inciting factors regarding these conditions; therefore, she opined it is appropriate that the cervical strain be continued as part of this case. Dr. Head determined that appellant could return to full duty with no limitations or restrictions on December 10, 2013.

In a February 7, 2014 report, Dr. Alexander noted findings from her examination of appellant on January 22, 2014. She noted that appellant presented with complaints of neck pain and left knee pain and that Dr. Head, who performed appellant's permanent and stationary evaluation, recently reevaluated him on December 10, 2013 and indicated that future medical care should apply to his neck strain as appellant denied any recent trauma to either the neck or the knee. Dr. Head provided examination findings and diagnosed neck strain, carpal tunnel syndrome, status post release on the right, and left knee strain. Dr. Alexander agreed with Dr. Head that appellant's neck should be included under future medical care and advised that he could return to modified work with restrictions on January 22, 2014. Diagnostic testing was ordered.

² The record is unclear as to the date of appellant's retirement.

In an April 9, 2014 letter, OWCP informed appellant that a recurrence for medical treatment only was defined as a documented need for additional medical treatment after a release from treatment of the work-related injury or after not receiving care for a significant period of time. This included circumstances when there had been a significant gap in treatment for the work-related injury. OWCP informed appellant that to establish a recurrence he must provide evidence to support that his need for treatment was due to a worsening of the accepted work-related conditions without intervening cause. It noted that, based on the medical records on file, he last received medical care for his work-related condition on January 5, 2010. OWCP advised appellant that the medical evidence submitted was insufficient to establish his claim and requested that he provide additional factual and medical evidence, including medical evidence establishing that his accepted work-related conditions subsequently worsened without intervening cause. Appellant was accorded 30 days to submit the requested information. No additional evidence was submitted.

By decision dated May 19, 2014, OWCP denied appellant's recurrence claim of a medical condition. It found that he had not established that he required additional medical treatment due a worsening of his accepted work-related conditions without intervening cause.

LEGAL PRECEDENT

Appellant has the burden of proof to establish the recurrence of a medical condition causally related to his accepted employment injury. To meet his burden, he must furnish medical evidence from a physician who, on the basis of a complete and accurate factual and medical history, concludes that the condition is causally related to the employment injury and supports that conclusion with sound medical rationale.³ Where no such rationale is present, the medical evidence is of diminished probative value.⁴

OWCP regulations define a recurrence of medical condition as the documented need for further medical treatment after release from treatment of the accepted condition when there is no work stoppage. Continued treatment for the original condition is not considered a renewed need for medical care, nor is examination without treatment.⁵

OWCP's procedure manual provides that, after 90 days of release from medical care (based on the physician's statement or instruction to return as needed or computed by the claims examiner from the date of last examination), a claimant is responsible for submitting an attending physician's report which contains a description of the objective findings and supports

³ *Ronald A. Eldridge*, 53 ECAB 218, 220 (2001).

⁴ *Mary A. Ceglia*, 55 ECAB 626, 629 (2004); *Albert C. Brown*, 52 ECAB 152, 155 (2000).

⁵ 20 C.F.R. § 10.5(y).

causal relationship between the claimant's current condition and the previously accepted work injury.⁶

ANALYSIS

OWCP accepted that appellant sustained lacerations of the scalp and forehead, cervical strain, and aggravation of left lower extremity Osgood-Schlatter's disease as a result of the August 19, 1994 employment injury. In his March 7, 2014 claim for recurrence of medical treatment, appellant did not attribute the increase in his neck pain to any event, but rather a continuation of the August 19, 1994 work-related condition. He has the burden of providing sufficient evidence, including rationalized medical evidence, to establish the causal relationship asserted.⁷

In her December 20, 2013 report, Dr. Head noted that she had originally declared appellant permanent and stationary on November 23, 2010 for diagnoses including cervical strain. She noted current examination findings of chronic cervical sprain and reported that appellant had denied any other inciting factors regarding his neck. Based on appellant's denial of any other inciting factors, Dr. Head opined that it was appropriate that the cervical strain be continued as part of his case. She, however, has not provided any rationale as to why appellant's cervical strain would continue or why his neck condition worsened without any intervening factors approximately three years after he was declared permanent and stationary. Furthermore, reliance on appellant's statement alone, that there were no inciting factors regarding his neck, does not establish causal relationship because they merely repeat the employee's allegations.⁸ Thus, the Board finds that Dr. Head's report is of limited probative value and fails to establish appellant's claim.

In her February 7, 2014 report, Dr. Alexander noted that Dr. Head, who performed appellant's permanent and stationary evaluation, recently reevaluated him on December 10, 2013 and indicated that future medical care should apply to his neck strain. She also noted that appellant denied any recent trauma to either the neck or the knee and diagnosed him with neck strain for which he had permanent restrictions. Likewise, Dr. Alexander provided no explanation as to why appellant's current need for medical treatment of his neck is due to a worsening of his August 19, 1994 employment injury without intervening factors. Rather, she appeared to rely on Dr. Head's comments that further medical care should apply to appellant's neck strain. Dr. Alexander's report is insufficiently rationalized to establish that his need for medical treatment of his neck is due to a worsening of his August 19, 1994 employment injury without intervening factors.

⁶ Federal (FECA) Procedure Manual, Part 2 -- Claims, *Recurrences*, Chapter 2.1500.4(b) (June 2013). The procedure manual provides, with certain exceptions, that, within 90 days of release from medical care (as stated by the physician or computed from the date of last examination or the physician's instruction to return per as need), a claims examiner may accept the attending physician's statement supporting causal relationship between appellant's current condition and the accepted condition, even if the statement contains no rationale. *Id.* at Chapter 2.1500.4(a).

⁷ *Ricky S. Storms*, 52 ECAB 349 (2001).

⁸ *See K.W.*, Docket No. 10-98 (issued September 10, 2010).

The Board finds that appellant has not submitted sufficient medical evidence to establish a recurrence of a medical condition related to his accepted injury of August 19, 1994. Therefore, OWCP's May 19, 2014 decision denying the claimed recurrence is proper under the law and facts of the case.

On appeal, appellant stated that he has been getting treatment for his work-related conditions since August 19, 1994. With regard to the accepted neck sprain, which he claims has worsened, the file reflects that Dr. Head declared him permanent and stationary with no impairment on November 23, 2010. Neither Dr. Head nor Dr. Alexander has submitted sufficiently well-rationalized medical opinion to support that appellant's need for medical treatment of his current neck condition is due to a worsening of his August 19, 1994 employment injury without intervening factors.

CONCLUSION

The Board finds that appellant failed to establish a recurrence of a medical condition due to the accepted August 19, 1994 employment injury.

ORDER

IT IS HEREBY ORDERED THAT the Office of Workers' Compensation Programs' decision dated May 19, 2014 is affirmed.

Issued: December 2, 2014
Washington, DC

Christopher J. Godfrey, Chief Judge
Employees' Compensation Appeals Board

Colleen Duffy Kiko, Judge
Employees' Compensation Appeals Board

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