

ISSUES

The issues are: (1) whether OWCP properly terminated appellant's compensation benefits on the grounds that she refused an offer of suitable work; and (2) whether it properly declined to accept appellant's claim for right long trigger finger.

FACTUAL HISTORY

Appellant, a 64-year-old retired claims examiner, has accepted claims for injuries involving her upper extremities. She previously worked for the Social Security Administration, where she sustained an injury on or about August 2, 1990. OWCP accepted the August 1990 injury claim number (xxxxxx950) for bilateral carpal tunnel syndrome (CTS) and bilateral extensor tendinitis. In December 1990, appellant began working for OWCP as a claims examiner.

In a March 22, 1993 claim (Form CA-2), appellant alleged that her work as claims examiner required computer keyboard work with constant repetitive arm/hand motions that aggravated her preexisting conditions. Her duties included four to five hours of computer keyboard work a day. Appellant identified various repetitive hand/arm movements, which included three to four hours of simple grasping; two to three hours of writing and telephone use; zero to one hour of reaching above shoulder level; and zero to one hour of photocopying. Due to increasing bilateral hand, wrist and arm pain, her physician advised her on March 16, 1993 to stop work.

OWCP accepted appellant's March 1993 injury claim number (xxxxxx981) for right neck and trapezius spasm, bilateral medial and lateral epicondylitis and aggravation of bilateral extensor carpi ulnaris. Appellant returned to work in a limited-duty capacity as a contact representative, but eventually resumed work as a claims examiner in July 1998. Her work restrictions included a maximum of two hours of typing and two hours of writing throughout the day. Appellant also had a maximum lifting restriction of five pounds and was to avoid forceful repetitive use of both upper extremities.⁴ She performed her duties as a claims examiner with the aid of speech recognition software and computer hardware modifications that reduced the amount of keyboard work and other hand/arm activities.⁵

Appellant sustained additional employment-related injuries in 1999 and 2006. OWCP accepted her April 14, 1999 claim for neck sprain and lumbosacral spondylosis under claim number (xxxxxx114).⁶ On May 30, 2006 appellant was injured when she tripped and fell on some steps. OWCP accepted the 2006 injury claim under number (xxxxxx956) for neck,

⁴ The June 9, 1998 restrictions were imposed by appellant's treating physician, Dr. Robert E. Markison, a Board-certified hand surgeon, who advised that she could return to work as a claims examiner with the above-noted restrictions.

⁵ In 1997, appellant received training in the use of speech recognition software as part of an OWCP-sponsored vocational rehabilitation program.

⁶ The employing establishment previously reduced appellant's caseload by 25 percent to accommodate an emotional/psychiatric condition. This accommodation began in July 2004 and ended in 2007.

thoracic and lumbar sprains, cervical and lumbar radiculopathy, right knee internal derangement and right lateral meniscus tear. Appellant underwent right knee arthroscopic surgery on June 26, 2008, which OWCP authorized.

In April 2009, OWCP accepted under claim number (xxxxxx981) bilateral wrist (enthesopathy) tendinitis and left wrist lunotriquetral proximal interosseous ligament tear. Appellant underwent OWCP-approved left wrist arthroscopic surgery on November 23, 2009.⁷ OWCP paid wage-loss compensation following surgery. Appellant retired effective December 31, 2009. The Office of Personnel Management (OPM) paid her a disability retirement annuity beginning January 1, 2010. On January 29, 2010 appellant elected to receive FECA wage-loss benefits instead of OPM disability retirement benefits. OWCP resumed payment of wage-loss compensation for temporary total disability.

In a March 10, 2010 report, Dr. Cabayan, appellant's surgeon, advised OWCP that appellant could do one or two hours of repetitive activities throughout the day, be it keyboarding or repetitive handling of paperwork. He recommended no lifting more than a few pounds with the left hand. Dr. Cabayan further noted that appellant already had work restrictions with regards to other body parts.

Dr. Cabayan provided a March 23, 2010 work capacity evaluation (OWCP-5c). He found that appellant could not perform her usual job and was unable to work an eight-hour day. Dr. Cabayan noted that she could work one to two hours per day. While he anticipated an increase in the number of hours appellant would be able to work, he did not specify a timeframe when appellant would achieve an eight-hour workday. Dr. Cabayan noted that she had "multiple chronically impaired body parts." He imposed permanent restrictions of two hours reaching, one hour reaching above shoulder, no bending/stooping and no operating a motor vehicle at work.⁸ Additional restrictions included a one-hour limitation on repetitive elbow and wrist movements, and a five-pound weight restriction. Pushing and pulling were both limited to two hours and appellant could lift for one hour, all with a five-pound limitation. Dr. Cabayan imposed a one-hour limitation on squatting and he precluded all climbing.

On April 6, 2010 the employing establishment offered appellant a permanent, full-time (eight hours/day) position as a modified claims examiner with no loss in pay. The job offer indicated that the position was based on Dr. Cabayan's work restrictions. The position could be performed in a sitting or standing position, with an adjustable table provided to allow for alternate positions as needed. The employing establishment explained that, with the use of speech recognition software, appellant would be able to perform data entry and document preparation activities without repetitive use of a keyboard. Additionally, the job offer indicated that lifting over 2 pounds was not required. The employing establishment noted that, prior to appellant's December 2009 retirement, she had been performing her full duties as a claims examiner with the assistance of such software. It noted that previously supplied ergonomic aids

⁷ Dr. Vatche Cabayan, a Board-certified orthopedic surgeon, performed the November 2009 left wrist arthroscopy. He began treating appellant in September 2004. Dr. Cabayan also performed her June 2008 right knee meniscectomy.

⁸ However, appellant was permitted to operate a motor vehicle to/from work for one hour.

would again be available upon her return. Appellant would be limited to an eight-hour workday in order to minimize the amount of upper extremity usage. The offered position was available as of April 26, 2010.

On April 13, 2010 OWCP advised appellant that the April 6, 2010 job offer was suitable to the work restrictions recommended by Dr. Cabayan. It was noted that ergonomic aids and speech recognition software would remain available. Appellant was afforded 30 days to accept the offer and arrange for a start date or provide a written explanation of her reason(s) for not accepting the position. OWCP notified her of the consequences for refusing or neglecting to work after suitable work has been offered, procured or secured.

In an April 26, 2010 letter to the employing establishment, appellant declined the April 6, 2010 job offer. She explained that, when she previously used speech recognition software, she was unable to limit her hand usage to two hours a day as required. Appellant also experienced a significant increase in her workload, which had reportedly aggravated her condition. She attributed the increased workload to a combination of factors, which included the U.S. Postal Service's National Reassessment Process, OWCP's implementation of new impairment guidelines and the lapse of an accommodation that had reduced her caseload to 75 percent. Because appellant could not keep pace with her increased workload, other coworkers in her section were constantly picking up the slack, which affected her emotionally. She expressed concern about being able to manage the volume of work required of a claims examiner and advised that she was currently interviewing for work as an Equal Employment Opportunity officer or vocational rehabilitation counselor.

In a May 3, 2010 report, Dr. Cabayan advised that appellant could not return to her previous job. He noted that she showed him paperwork whereby she was expected to do her usual job with the use of speech recognition software. Appellant told Dr. Cabayan that her job increased "by 25 folds (sic) since 2007...." She also told him that she could not use the mouse function, which would require at least an hour a day to screen the mail. Dr. Cabayan noted that there were computer activities and mouse usage for the thread which required 30 minutes or more a day. Appellant had quotas to meet, deadlines for decision making and paperwork. She also had to use a pushbutton telephone 30 to 40 times a day. Dr. Cabayan explained that, despite the presence of speech recognition software, there was up to four hours of writing and/or keyboarding a day. The software reportedly slowed appellant down and, because of the need to meet her quota, she would start doing things by hand. Dr. Cabayan noted that the offered job far exceeded what he recommended. He stated that appellant could not perform the duties of a claims examiner.

On May 13, 2010 OWCP advised appellant that she had not provided a valid reason for declining the offered position. Appellant was given 15 days to accept the position and make arrangements for a start date. Otherwise, her entitlement to monetary compensation would be terminated pursuant to 5 U.S.C. § 8106(c)(2).

During a May 27, 2010 telephone conversation, the claims examiner noted that appellant had told Dr. Cabayan that her workload would increase "25 fold since 2007." Based on this information, Dr. Cabayan advised that she was unable to perform the offered position. The claims examiner told appellant that he did not think she had provided Dr. Cabayan an accurate

account of her workload or duties. On May 28, 2010 the claims examiner reiterated that he did not find the reported “increase of work to be credible.” Appellant explained that she told Dr. Cabayan that her workload increased from 75 to 100 percent and he misinterpreted the reported increase. The claims examiner advised her that if Dr. Cabayan had erred, then he needed to submit a correction as soon as possible.

OWCP also received a May 6, 2010 report from Dr. David C. Roberts, Ph.D., a clinical psychologist, who advised that appellant had been under his care since July 2004 for pain management, depression and anxiety, which he related to her various industrial injuries. Appellant’s current diagnoses included post-traumatic stress disorder (PTSD), attention deficit disorder and major depressive disorder. Dr. Roberts explained that, after more than a year of deliberation, she left her claims examiner position because of her medical problems. Appellant had been unable to complete her job requirements in a reasonable time due to pain in her arms and hands. Dr. Roberts also stated that she had exceeded her work restrictions, even with the use of speech recognition software. Over the last two years when appellant was working, she reported a substantial increase in pain during almost every counseling session. She also felt that she was overburdening her coworkers. Dr. Roberts explained that appellant began taking prescription pain medications which dulled her thinking, increased her confusion and diminished her creative process, yet allowed her to use her arms and hands.⁹ Appellant would exceed her work limitations because the medications reduced her awareness of the fact that she was hurting herself. This resulted in increased pain the following day.

Dr. Roberts had previously recommended a 25 percent reduction in appellant’s caseload. Appellant informed him that his restrictions had not been enforced since 2007, when she was again obliged to carry a full caseload. Dr. Roberts noted that her claims examiner duties required working both open and closed cases and included telephone calls, screening mail and responding to mail. Case block assignments contained 300 to 400 cases and the log of disability management cases for appellant’s assignment numbered about 75. A review of a recent performance appraisal revealed an increase in the volume of work over the previous year. Dr. Roberts also noted that, along with increased payment requests and the required case development, there was an increased volume of mail, telephone calls, physician referrals and “‘threads’ or requests for authorizations.”

Dr. Roberts explained that working in a job that slowly eroded appellant’s capacity for activities both at work and in daily living fueled her depression. He stated that dealing with the physical and emotional suffering that stemmed from her work injuries caused flashbacks of times when she experienced physical and emotional suffering as a child. Appellant felt trapped and her more recent work-related situation elicited the same trapped feelings and psychological stress responses.

Having reviewed appellant’s performance appraisal and a performance management plan, Dr. Roberts expressed familiarity with the duties and work expectations of a claims examiner. He opined that she could no longer work as a claims examiner because the job requirements represented both a physical and emotional overload. Dr. Roberts recommended a different-type

⁹ The medication appellant used for her neuropathic pain reportedly created a “cotton-headed” cognitive effect.

position that did not have the expectations of a claims examiner, including the volume of work and the magnitude of deadlines. Appellant required an alternate position that would allow her to work within the physical limitations imposed by her injuries.

In a June 1, 2010 report, Dr. Cabayan noted that he had reviewed Dr. Roberts' May 6, 2010 report. He also explained that his previous report included a typographical error. Appellant's job had not increased 25-fold since 2007 as reported, but instead only 25 percent. Dr. Cabayan reiterated that she could not perform the offered position. He also noted that appellant continued to experience problems with her right shoulder.¹⁰

By decision dated June 29, 2010, OWCP terminated appellant's monetary compensation benefits based on her refusal to accept an offer of suitable employment. It noted that Dr. Cabayan found the position unsuitable based on her representation that her workload "had increased 25 fold since 2007," an increase that was not supported by the record.

In a July 19, 2010 report, Dr. Cabayan advised that appellant could not return to her job. He noted ongoing right shoulder problems with difficulties on reaching above shoulder level and lifting. Dr. Cabayan reiterated that appellant could not perform the duties of the job offer.

On June 27, 2011 appellant requested reconsideration. She argued that the employing establishment's April 6, 2010 offer of full-time (eight hours/day) employment was inconsistent with Dr. Cabayan's March 23, 2010 work capacity evaluation (OWCP-5c). Dr. Cabayan recommended only one to two hours of work a day. Appellant also alleged that the claims examiner ignored Dr. Roberts' May 6, 2010 report and Dr. Cabayan's June 1, 2010 report, both of which were received well in advance of the June 29, 2010 decision.

Appellant also requested that claim number (xxxxx981) be expanded to include right long trigger finger as an accepted condition. In reports dated May 17 and June 17, 2011, Dr. Cabayan noted problems of triggering and pain of the right long finger. Conservative treatment, including bracing, medications, injections and hand therapy had failed and appellant's condition worsened. Appellant reportedly lost some function of the right hand, including her grip. Dr. Cabayan requested authorization for surgical trigger finger release.

On August 16, 2011 OWCP advised appellant to submit a further report from her physician addressing the relationship between the newly-diagnosed trigger finger condition and the March 16, 1993 employment injury.

In an August 26, 2011 report, Dr. Cabayan explained that trigger finger was caused by highly repetitive and forceful use of the finger. The condition was more common among women and frequently occurred in the 40- to 60-year-old age group. Dr. Cabayan stated that appellant's job was highly repetitive, which caused microscopic tearing at the sites of the attachment of the muscles and tendons. He described her duties as "flipping pages, summing (sic) through paper

¹⁰ In January 2009, Dr. Cabayan sought authorization for right shoulder surgery, which OWCP ultimately denied by decision dated September 4, 2009. OWCP found that the diagnosed right shoulder condition(s) and need for surgery were not shown to be causally related to appellant's March 16, 1993 employment injury. In both his May 3 and June 1, 2010 reports, Dr. Cabayan noted appellant's ongoing right shoulder problems.

files and constantly looking up and down.” Dr. Cabayan opined that appellant’s trigger finger was work related. Because appellant had not responded to conservative treatment, the proposed surgery was a means of releasing the tendon sheath and restoring movement. Dr. Cabayan reiterated his findings in a September 16, 2011 follow-up examination report.

In a September 27, 2011 decision, OWCP denied modification of its June 29, 2010 decision terminating compensation.

By decision dated October 14, 2011, OWCP denied appellant’s right long trigger finger claim and refused to authorize the requested surgery. It found that Dr. Cabayan had not provided a well-reasoned opinion on the causal relationship of appellant’s right long trigger finger or need for surgery to her accepted employment injury of March 16, 1993.

In a November 18, 2011 report, Dr. Cabayan noted ongoing complaints involving appellant’s right shoulder and right long finger. He asked that she be referred for a second opinion and that OWCP authorize right shoulder arthroscopy. With respect to appellant’s trigger finger, Dr. Cabayan reiterated that her job was highly repetitive, which caused microscopic tearing at the attachment of the muscles and tendons.

Dr. Ann L. Chappell, a Board-certified psychiatrist, examined appellant on February 28, 2012.¹¹ Appellant advised Dr. Chappell that her compensation had been terminated based on the finding that she could use speech recognition software in her job. Dr. Chappell noted that she had other patients who were proficient with computers that attempted to shift to speech recognition software. She explained that the software easily took 2 to 4 times longer to use than a standard keyboard and mouse. Dr. Chappell stated that appellant had a time-sensitive job that required rapid, heavy computer work at least 60 percent of the workday. She acknowledged having limited knowledge in this area and recommended referral to an expert who could address the impact speech recognition software had on appellant’s productivity.

Dr. Chappell noted that, in addition to appellant’s various orthopedic conditions, she suffered from PTSD as a result of her wrist/hand injuries. Appellant also had a worsening of her bipolar 2 diagnosis as a result of trying to cope with her claims examiner duties, which included developing medical evidence and adjudicating claims, making payments, screening mail *via* computer and answering telephone calls. Dr. Chappell explained that the emotional toll was too much for appellant. Having to choose between either working in pain or working under the influence of mind fogging medication made things worse. Dr. Chappell noted that appellant also carried the diagnosis of attention deficit hyperactivity disorder, which affected her ability to focus and perform tasks in a rapid manner.

In a July 19, 2012 report, Dr. Cabayan stated that appellant’s upper extremity accepted conditions included CTS and tendinitis. He noted that she still had problems with CTS and triggering. Dr. Cabayan explained that triggering was a form of tendinitis. He also noted that appellant had increasing right shoulder problems with evidence of impingement and rotator cuff tenderness.

¹¹ Dr. Chappell first treated appellant in September 2006. She reportedly had not seen appellant since November 13, 2009.

In an August 23, 2012 report, Dr. Cabayan diagnosed a discogenic cervical condition with right upper extremity radicular component, stenosing tenosynovitis of the right long finger and right shoulder impingement syndrome with acromioclavicular (AC) joint arthritis. His objective findings revealed “no triggering along the right long finger” during examination.

On September 20, 2012 appellant requested reconsideration of OWCP’s decision regarding the termination of her compensation benefits under 5 U.S.C. § 8106(c)(2). She argued that the September 27, 2011 decision denying modification was not responsive to the arguments she raised in her June 27, 2011 request for reconsideration. Appellant contended that the position her employing establishment offered on April 6, 2010 was the same job she had performed prior to her work stoppage, which was impossible to do as written. She stated that the required work could not be accomplished fast enough with speech recognition software. Appellant noted that she used speech recognition software for several years and still had to use her hands and arms more than her restrictions permitted. While she had used the software as much as she could, it was too slow for her to keep up with everything she needed to accomplish. Appellant also noted that, when her workload increased by 25 percent, it affected her both physically and emotionally. She stated that the anticipated volume of work made the April 6, 2010 job offer unacceptable.

Appellant submitted Dr. Roberts’ July 20, 2004 work capacity evaluation for psychiatric/psychological conditions (OWCP-5a). Dr. Roberts recommended a 25 percent reduction in appellant’s caseload. Appellant also submitted an August 2004 performance improvement plan and associated grievances that were filed in response. A February 14, 2005 memorandum from the employing establishment detailed her 25 percent caseload reduction beginning July 2004.¹² The memorandum included a claims examiner position description and noted that, since July 1998, appellant had been working full time as a journey-level claims examiner with the assistance of voice-activated software.

In an October 1, 2012 report, Dr. Cabayan diagnosed discogenic cervical condition with right upper extremity radicular component, right long trigger finger and right shoulder impingement syndrome with AC joint arthritis. On October 8, 2012 he diagnosed chronic right neck pain due to myofascial syndrome. Dr. Cabayan also diagnosed bilateral CTS, right greater than left and intermittent right arm pain due to C6 radiculopathy. He recommended additional upper extremity electrodiagnostic studies to assess the severity of appellant’s CTS in anticipation of performing carpal tunnel release surgery.

On October 9, 2012 OWCP received an undated request for reconsideration regarding its October 14, 2011 decision that denied appellant’s right long trigger finger claim. In support of the request, appellant referenced Dr. Cabayan’s July 19, 2012 report.

On November 12, 2012 Dr. Cabayan diagnosed mid-back sprain, right knee internal derangement, depression, discogenic lumbar condition and discogenic cervical condition with radicular components. Appellant was considering a right knee total replacement for which she had previously sought authorization under her May 2006 injury claim number (xxxxxx956). She

¹² The memorandum requested that appellant provide additional medical documentation in support of her continuing accommodation.

was reportedly unable to stand in place for more than one to two minutes because of pain. Appellant also wanted surgery for her CTS. Additionally, Dr. Cabayan sought OWCP's acceptance of chronic depression. He noted that appellant was not currently working and stated that she should avoid repetitive neck flexion, internal rotation, bending and twisting at the waist. Dr. Cabayan also indicated that she should avoid stairs, hills, inclines, squatting, bending, repetitive use of the upper extremities, forceful pushing, pulling, lifting, grabbing and heavy lifting more than 10 pounds.

In two decisions dated November 21, 2012, OWCP denied modification of its suitable work termination under 5 U.S.C. § 8106(c)(2). It also denied modification of the decision denying the right long trigger finger as an accepted condition.

LEGAL PRECEDENT -- ISSUE 1

A partially disabled employee who refuses or neglects to work after suitable work is offered to, procured by or secured for him or her is not entitled to compensation.¹³ It is the employee's burden to show that this refusal or failure to work was reasonable or justified.¹⁴ Whether an employee has the ability to perform an offered position is primarily a medical question that must be resolved by the medical evidence.¹⁵ In evaluating the suitability of a particular position, OWCP must consider the employment-related condition(s), as well as preexisting and subsequently acquired medical conditions.¹⁶ If medical reports in file document a condition which has arisen since the compensable injury and this condition disables the claimant from the offered job, the job will be considered unsuitable even if the subsequently acquired condition is not work related.¹⁷

When OWCP considers a job to be suitable, it shall advise the employee of its finding and afford him 30 days to either accept the job or present any reasons to counter OWCP's finding of suitability.¹⁸ If the employee presents such reasons and OWCP determines that the reasons are unacceptable, it will notify the employee of that determination and further inform the employee that he or she has 15 days within which to accept the offered work without penalty.¹⁹ After providing the 30-day and 15-day notices, OWCP will terminate the employee's entitlement

¹³ 5 U.S.C. § 8106(c)(2); 20 C.F.R. § 10.517.

¹⁴ 20 C.F.R. § 10.517.

¹⁵ *Gayle Harris*, 52 ECAB 319, 321 (2001).

¹⁶ *Id.*; *Martha A. McConnell*, 50 ECAB 129, 132 (1998).

¹⁷ Federal (FECA) Procedure Manual, Part 2 -- Claims, *Job Offers & Return to Work*, Chapter 2.814.4c(7) (June 2013).

¹⁸ 20 C.F.R. § 10.516.

¹⁹ *Id.* The 15-day notification need not explain why OWCP found the employee's reasons for refusal unacceptable. *Id.*

to further wage-loss compensation and schedule award benefits.²⁰ However, the employee remains entitled to medical benefits.²¹

ANALYSIS -- ISSUE 1

The Board finds that the April 6, 2010 job offer is not suitable to appellant's condition. The full-time modified claims examiner position was based on Dr. Cabayan's March 10, 2010 report. Dr. Cabayan advised that appellant could do one or two hours of repetitive activities throughout the day be it keyboarding or repetitive handling of paperwork. He also indicated no lifting more than a few pounds with the left hand. The April 6, 2010 offer incorporated Dr. Cabayan's restrictions, but he subsequently provided a more extensive list of limitations in his March 23, 2010 OWCP-5c, which are not reflected in the April 6, 2010 job offer of note, was his clarification that appellant was unable to work an eight-hour day. He noted that appellant could only work one to two hours per day. Although Dr. Cabayan anticipated an eventual increase in the number of hours worked, he did not specify a timeframe when she would achieve an eight-hour workday. Appellant contended that the full-time job offer was inconsistent with his medical restrictions. OWCP did not clarify that Dr. Cabayan found appellant the number of hours she was capable of working. The April 6, 2010 job offer also did not reflect the other work restrictions specified such as a two-hour limitation on reaching, a one-hour limitation on reaching above shoulder, no bending/stooping, no climbing and limitations with respect to pushing/pulling and squatting.

After reviewing the April 6, 2010 job offer, Dr. Cabayan found that she could not do the modified claims examiner position. In a May 3, 2010 report, he explained that, despite the presence of speech recognition software, there was up to four hours of writing and/or keyboarding a day. Dr. Cabayan stated that the software reportedly slowed appellant down, such that she resorted to doing things by hand in order to meet her quota. OWCP questioned him on May 3, 2010 opinion because he mentioned that she reported a 25-fold work increase since 2007. In a June 1, 2010 report, Dr. Cabayan explained that his previous report included a typographical error. He clarified that appellant's job had not increased 25-fold since 2007, but instead only 25 percent. Dr. Cabayan reiterated that she could not perform the offered position. OWCP received this report in advance of the June 29, 2010 decision, but made no mention of it. In her June 27, 2011 request for reconsideration, appellant argued that OWCP had overlooked the June 1, 2010 report.

The Board further notes that appellant has a well-documented history of emotional/psychiatric conditions and other orthopedic conditions that were not taken into account in the April 6, 2010 job offer. Prior to the June 29, 2010 termination of benefits, Dr. Roberts, appellant's psychologist, advised that she was treated for PTSD, attention deficit disorder and major depressive disorder. Additionally, Dr. Cabayan's contemporaneous reports noted that appellant had "multiple chronically impaired body parts," including ongoing right shoulder complaints for which she had restrictions. He noted that she was disabled for work. As noted, when evaluating the suitability of a particular position, OWCP must consider the

²⁰ 20 C.F.R. § 10.517(b).

²¹ *Id.*

employment-related condition(s), as well as preexisting and subsequently acquired medical conditions.²²

The Board finds that OWCP failed to establish that the April 6, 2010 modified claims examiner position was medically suitable. Consequently, the decision terminating appellant's monetary benefits pursuant to 5 U.S.C. § 8106(c)(2) is reversed.

LEGAL PRECEDENT -- ISSUE 2

Where an employee claims that, a condition not accepted or approved by OWCP was due to an employment injury, he or she bears the burden of proof to establish that the condition is causally related to the employment injury.²³

An injured employee is entitled to receive all medical services, appliances or supplies, which a qualified physician prescribes or recommends and which OWCP considers necessary to treat the work-related injury.²⁴ OWCP has broad discretion in reviewing requests for medical services under 5 U.S.C. § 8103(a), with the only limitation on its authority being that of reasonableness.²⁵ Abuse of discretion is generally shown through proof of manifest error, clearly unreasonable exercise of judgment or administrative actions which are contrary to both logic and probable deductions from established facts.²⁶

While OWCP is obligated to pay for treatment of employment-related conditions, appellant has the burden of establishing that the medical expenditure was incurred for treatment of the effects of an employment-related injury or condition.²⁷ Proof of causal relationship must include rationalized medical evidence.²⁸ In addition to demonstrating causal relationship, the injured employee must show that the requested services, appliances or supplies are medically warranted.²⁹

²² *Supra* note 15.

²³ *Jaja K. Asaramo*, 55 ECAB 200, 204 (2004). Causal relationship is a medical question, which generally requires rationalized medical opinion evidence to resolve the issue. *See Robert G. Morris*, 48 ECAB 238 (1996). A physician's opinion on whether there is a causal relationship between the diagnosed condition and the implicated employment factors must be based on a complete factual and medical background. *Victor J. Woodhams*, 41 ECAB 345, 352 (1989). Additionally, the physician's opinion must be expressed in terms of a reasonable degree of medical certainty and must be supported by medical rationale, explaining the nature of the relationship between the diagnosed condition and appellant's specific employment factors. *Id.*

²⁴ 5 U.S.C. § 8103(a); 20 C.F.R. § 10.310(a).

²⁵ *Joseph E. Hofmann*, 57 ECAB 456, 460 (2006).

²⁶ *Id.*; *Daniel J. Perea*, 42 ECAB 214, 221 (1990).

²⁷ *Debra S. King*, 44 ECAB 203, 209 (1992).

²⁸ *Joseph E. Hofmann*, *supra* note 25.

²⁹ *Id.* at 460-61.

ANALYSIS -- ISSUE 2

Appellant has claimed right long trigger finger as employment related.

Dr. Cabayan diagnosed right long trigger finger in May 2011; more than 18 years after the accepted injury of March 1997 and approximately 18 months since she last worked in 2009. In subsequent reports, he described appellant's job as highly repetitive and explained that her claims examiner duties caused microscopic tearing at the sites of the attachment of the muscles and tendons. Dr. Cabayan recommended that she undergo a right trigger finger release. In a July 19, 2012 report, he indicated that triggering was a form of tendinitis, which was one of appellant's accepted conditions. On August 23, 2012 appellant's examination revealed no triggering along the right long finger, yet Dr. Cabayan continued to diagnose stenosing tenosynovitis of the right long finger. He repeated the diagnosis in his October 1, 2012 report.

As noted, Dr. Cabayan attributed appellant's right long trigger finger to her highly repetitive job duties. However, the reason for the apparent delayed onset of this condition remains unanswered. Appellant had not worked for more than 18 months when Dr. Cabayan diagnosed trigger finger on May 17, 2011. Dr. Cabayan offered no explanation of how appellant's right long trigger finger was causally related to her previously accepted bilateral wrist tendinitis.

The Board finds that the record does not include sufficient medical evidence relating appellant's right long trigger finger to her accepted condition. Moreover, the record fails to establish that the recommended surgery is necessary to treat the work-related injury. Accordingly, OWCP properly denied appellant's claim for right long trigger finger and associated surgical release.

Appellant may submit new evidence or argument with a written request for reconsideration to OWCP within one year of this merit decision.³⁰

CONCLUSION

OWCP properly declined to expand appellant's claim to include right long trigger finger as an accepted condition. The Board also finds that OWCP improperly terminated her compensation benefits pursuant to 5 U.S.C. § 8106(c)(2).

³⁰ See 5 U.S.C. § 8128(a); 20 C.F.R. §§ 10.605-10.607.

ORDER

IT IS HEREBY ORDERED THAT the November 21, 2012 decision of the Office of Workers' Compensation Programs terminating compensation benefits effective June 29, 2010 is reversed. Additionally, OWCP's November 21, 2012 decision refusing to accept right long trigger finger is affirmed.

Issued: May 1, 2014
Washington, DC

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

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

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