



## **FACTUAL HISTORY**

Appellant, a 40-year-old rural carrier, fell and fractured her left wrist on January 14, 2011, while delivering mail. She filed a claim for benefits on January 15, 2011, which OWCP accepted for left wrist sprain, left thumb sprain, left hand sprain and left shoulder sprain.

Appellant underwent two surgeries on her left wrist: a left wrist arthroscopy and debridement and repair of scapholunate ligament tear with anterior carpal ligament capsulodesis and intercarpal pinning on July 19, 2011; and removal of left wrist hardware on October 18, 2011. The procedures were performed by Dr. Robert C. Chadderdon, a specialist in orthopedic surgery and sports medicine.

OWCP granted appellant a schedule award for a 10 percent permanent impairment of the left arm stemming from her accepted left wrist, left hand, and left shoulder conditions.<sup>2</sup>

In a January 31, 2013 report, Dr. Dana P. Piasecki, a specialist in orthopedic surgery, stated that appellant was experiencing left elbow and left shoulder pain. He advised that she was being treated by Dr. Chadderdon for a left wrist condition stemming from her January 14, 2011 work incident and that in the course of that treatment she related that she was also having pain in her left shoulder which had persisted since the January 2011 work injury. Dr. Chadderdon referred appellant to Dr. Piasecki for evaluation of her left shoulder symptoms. He asserted that her chief complaint involving the left shoulder was pain at the anterolateral and upper lateral aspect of her arm, which she experienced with overhead activities and at night. Appellant denied any dramatic weakness, mechanical symptoms or instability complaints in the left shoulder.

On examination of her left upper extremity Dr. Piasecki noted no acute signs of trauma, full range of motion, and mild biceps pain with no pain over the acromioclavicular (AC) joint. He stated that appellant underwent radiographic imaging of the left shoulder and left elbow, which showed no acute fracture, dislocation or joint space narrowing. Dr. Piasecki opined that her left shoulder complaints following the January 2011 work injury appeared predominantly related to a rotator cuff contusion and possibly an associated AC joint sprain. He prescribed physical therapy and anti-inflammatory medication and recommended work restrictions due to appellant's left shoulder symptoms. In a Form CA-17 dated February 6, 2013, Dr. Piasecki outlined work restrictions stemming from her left shoulder condition.

On February 14, 2013 appellant filed a Form CA-2a claim for benefits, alleging that she sustained a recurrence of disability on January 9, 2013 which was causally related to her accepted January 14, 2011 employment injury. She stated on the form that her treating physician had given her permanent work restrictions for a permanent impairment of her left wrist and placed her on light duty; she stated that she subsequently began to experience left shoulder pain and advised her treating physician of this development on January 9, 2013. Appellant also stated that she returned to work on January 10, 2013.

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<sup>2</sup> The instant record contains no documentation of this schedule award decision. The fact and the amount of this award, however, have not been challenged by appellant on appeal.

In a March 7, 2013 report, Dr. Chadderdon stated that he was seeing appellant for a follow-up examination of her left wrist. He noted her objections to vocational rehabilitation and advised that she was now receiving treatment for her left shoulder condition as well, for which she had received work restrictions. Dr. Chadderdon reported no overall change in appellant's left wrist pain, which was aggravated with heavy use. He advised, however, that she had not really been using the wrist on a heavy basis since her shoulder became problematic. Dr. Chadderdon stated that the range of motion in her left wrist was extension of 50 degrees and flexion of 38 degrees, with full pronation and supination. He opined that there was no change in appellant's permanent impairment rating and advised that she should maintain the permanent restrictions in the light-duty category.

Appellant submitted Forms CA-7 requesting compensation for wage loss from January 26 to March 8, 2013 and Forms CA-7a time analysis showing that she missed work on those dates.

By letters dated March 8 and 15, 2013, OWCP advised appellant to provide additional medical and factual evidence in support of her claim for a recurrence of disability as of January 26, 2013. It advised her that, in order to be entitled to additional medical treatment and compensation for wage loss as a result of recurrent disability, she was required to provide factual and medical evidence to substantiate that her disability had occurred or increased due to an accepted condition. OWCP informed appellant that, if the evidence established that her disability was due to a new work-related injury or illness, she might need to file a new claim.

OWCP instructed appellant to provide a comprehensive medical report, which included objective findings relative to the left shoulder, the diagnosis or diagnoses of the left shoulder condition(s), results of any diagnostics tests and the physician's well-rationalized opinion as to how her present left shoulder condition was causally related to the January 14, 2011 employment injury.

In a March 21, 2013 report, Dr. Piasecki advised that he had been treating appellant since January 31, 2013 for left shoulder symptoms stemming from the January 31, 2013 employment injury. He essentially reiterated his previous findings and conclusions and advised that after he imposed work restrictions and kept her off work, he had released her to return to work without restrictions on March 18, 2013. Dr. Piasecki stated that appellant had a two percent impairment rating pursuant to the American Medical Association, *Guides to the Evaluation of Permanent Impairment*<sup>3</sup> (A.M.A., *Guides*).

In an April 16, 2013 report, Dr. Chadderdon reviewed appellant's history of injury. He stated that she experienced pain in her left wrist after falling on it during the January 14, 2011 work injury. Appellant then experienced radiating pain to the shoulder and underwent left wrist surgery on July 19, 2011. Following surgery she underwent extensive therapy and was in regular therapy until early 2012. Dr. Chadderdon stated that appellant continued to have persistent pain and restrictions in terms of function and range of motion. He stated that when he saw her again on January 9 and March 7, 2013 he recommended that she undergo vocational rehabilitation,

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<sup>3</sup> The Board notes that Dr. Piasecki only referenced the "A.M.A., *Guide*" and did not indicate what edition or what section of the A.M.A., *Guides* he used in rendering his impairment rating.

which she stated that it was not possible according to her place of work. Dr. Chadderdon recommended permanent restrictions in the light-duty category. He stated that, at the time of his last office visit with her on March 7, 2013, appellant had left shoulder pain.

Dr. Chadderdon advised that appellant had limited range of motion of the wrist with extension to only 50 degrees, flexion only to 38 degrees, with pain at the extremes of range of motion. The most recent left wrist x-ray was taken on November 2, 2012, which showed no significant gapping of the scapholunate interval, with narrowing at the capitulum joint and cystic changes in multiple locations including the proximal pole of the scaphoid.

Dr. Chadderdon asserted that the current diagnosis was traumatic arthropathy of the wrist and hand and pain in the left wrist. It was his opinion that appellant's January 2011 work injury was an appropriate mechanism for the diagnosed injury and subsequent surgery that was necessary to treat her condition. Dr. Chadderdon stated that attention was predominately focused on her problems with her left wrist during the period January 2011 to January 2013 and that this was the reason she did not complain significantly of left shoulder pain during this period. He stated that he documented on January 9, 2013 that she had experienced a recurrence of left shoulder pain for about a week or two.

In a report dated March 14, 2013, received by OWCP on May 21, 2013, Dr. Piasecki stated that he saw appellant for follow up of her left shoulder and left elbow pain stemming from the January 2011 work injury. He advised that her symptoms were consistent with a cuff contusion and an associated AC joint sprain for which he recommended physical therapy and anti-inflammatories as well as some light-duty restrictions. Dr. Piasecki advised that appellant currently had some mild persistent complaints, though things had improved and she did not feel limited; he related that appellant was eager to try to return to work without any restrictions. He stated that she was effectively at maximum medical improvement and that he would favor releasing her at that time without restriction. Dr. Piasecki found that appellant had a two percent final impairment rating under the A.M.A., *Guides*.

Dr. Piasecki did not indicate whether he rendered these ratings pursuant to the A.M.A., *Guides* (sixth edition).

In a Form CA-20a dated April 4, 2013, Dr. Chadderdon stated that appellant had been injured in a fall on January 14, 2011, that she was experiencing left shoulder pain and that her left shoulder symptoms were consistent with cuff contusion and AC joint sprain. He indicated that due to her condition she was partially disabled from January 31 to May 8, 2013; and he checked a box indicating that the diagnosed condition was caused or aggravated by an employment activity.

On April 15, 2013 appellant filed a Form CA-7 claim for an additional schedule award based on a partial loss of her left upper extremity.

By letter dated May 6, 2013, OWCP informed Dr. Piasecki that it required additional medical evidence in order to determine whether appellant was entitled to an additional schedule award. It advised him that, while he had provided a two percent impairment rating under "the A.M.A., *Guide*," he was required to provide medical opinion as to how he arrived at his

impairment rating and to state exactly which A.M.A., *Guides* he used to calculate his rating. OWCP further advised that appellant's claim was accepted for a left shoulder sprain, left thumb sprain, and left wrist sprain, which generally should have resolved in a matter of weeks and that schedule awards are provided for conditions that result in a permanent impairment. It noted that she was previously awarded a 10 percent permanent impairment of the left arm as a result of the January 14, 2011 work injury.

OWCP specifically asked Dr. Piasecki to submit a medical report and impairment rating rendered pursuant to the A.M.A., *Guides* (sixth edition). It requested that appellant submit the additional evidence within 30 days. Appellant did not submit any additional medical evidence.

By decision dated May 13, 2013, OWCP denied appellant's claim, finding that the medical evidence was insufficient to establish that she sustained a recurrence of her January 14, 2011 work injury from January 26 to March 8, 2013. It noted that she had alleged that she sustained additional medical conditions such as traumatic arthropathy of the wrist and hand and cuff contusion of your left shoulder; it stated that these conditions were not relevant to the current issue at hand because she was requesting to expand her claim.

By letter dated June 6, 2013, appellant requested reconsideration of the May 13, 2013 decision. She argued that her diagnosed conditions had worsened since the date she was injured and treated at the emergency room and OWCP accepted these conditions on January 14, 2011. Appellant asserted that she had since been diagnosed with traumatic arthropathy of the left wrist and left hand and left rotator cuff contusion of the left shoulder.

By decision dated July 16, 2013, OWCP found that appellant had no ratable impairment causally related to her accepted left wrist, left hand and left shoulder conditions and therefore was not entitled to an additional schedule award.

By decision dated July 18, 2013, OWCP denied modification of the May 13, 2013 decision.

On August 14, 2013 appellant requested reconsideration of the July 18, 2013 decision.

In an August 1, 2013 report, received by OWCP on August 15, 2013, Dr. Chadderdon stated that appellant's left wrist had recently worsened after several months of having only mild, occasional symptoms. Appellant related that the pain did not significantly limit her ability to work, particularly given her permanent work restrictions. Dr. Chadderdon noted that she had previously been rated and released in regard to a workers' compensation claim. He indicated that the range of motion was substantially similar to previous measurements: extension of about 50 degrees, flexion 42 degrees and full pronation and supination. Dr. Chadderdon stated that he had appellant undergo x-ray tests of the left wrist, which showed no evidence of a new acute fracture or dislocation. He advised that there was evidence of developing scapholunate advanced collapse superior labrum a and posterior wrist with worsening spurring of the radial styloid and spurring of the more radial margin of the scaphoid and slight tapering of the proximal pole of the scaphoid and continued evidence of deformity on lateral view.

Dr. Chadderdon opined that appellant continued to show radiographic signs of slow, but definitive progression of disease in her left wrist. He advised that she needed no additional surgery at that time but that he would consider such intervention in the future.

By decision dated September 16, 2013, OWCP denied modification of the May 13, 2012 OWCP decision.

On August 14, 2013 appellant requested reconsideration of the July 16, 2013 OWCP decision denying a schedule award and reconsideration of the July 18, 2013 OWCP decision. The only additional medical evidence she submitted was Dr. Chadderdon's August 1, 2013 report, which did not contain an impairment rating for her accepted left upper extremity rendered under the sixth edition of the A.M.A., *Guides*.

By decision dated September 17, 2013, OWCP denied appellant's application for review on the grounds that it neither raised substantive legal questions nor included new and relevant evidence sufficient to require OWCP to review its prior decision.

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

A recurrence of disability means an inability to work after an employee has returned to work, caused by a spontaneous change in a medical condition, which has resulted from a previous injury or illness without an intervening injury or new exposure to the work environment that caused the illness.<sup>4</sup> A person who claims a recurrence of disability due to an accepted employment-related injury has the burden of establishing by the weight of the substantial, reliable and probative evidence that the disability for which she claims compensation is causally related to the accepted injury. This burden of proof requires that an employee furnish medical evidence from a physician who, on the basis of a complete and accurate factual and medical history, concludes that the disabling condition is causally related to the employment injury and supports that conclusion with sound medical reasoning.<sup>5</sup> Where no such rationale is present, medical evidence is of diminished probative value.<sup>6</sup>

In order to establish that a claimant's alleged recurrence of the condition was caused by the accepted injury, medical evidence of bridging symptoms between his or her present condition and the accepted injury must support the physician's conclusion of a causal relationship.<sup>7</sup>

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

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<sup>4</sup> *R.S.*, 58 ECAB 362 (2007); 20 C.F.R. § 10.5(x).

<sup>5</sup> *I.J.*, 59 ECAB 408 (2008); *Nicola Bruno*, 33 ECAB 1138, 1140 (1982).

<sup>6</sup> *See Ronald C. Hand*, 49 ECAB 113 (1957); *Michael Stocker*, 39 ECAB 1186, 1187-88 (1988).

<sup>7</sup> *Mary A. Celia*, 55 ECAB 626 (2004).

causal relationship between the claimant's current condition and the previously accepted work injury.<sup>8</sup>

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

In the instant case, appellant has failed to submit any medical opinion containing a rationalized, probative report which relates her claimed recurrence of disability for work as of January 9, 2013 to her accepted left wrist, left thumb, left hand, and left shoulder conditions. For this reason, she has not discharged her burden of proof to establish that she sustained a recurrence of disability as a result of her accepted employment condition.

OWCP accepted appellant's January 14, 2011 employment injury for left wrist sprain, left thumb sprain, left hand sprain, and left shoulder sprain. The record contains reports from Drs. Piasecki and Chadderdon. Dr. Piasecki, who treated appellant predominantly for her left shoulder pain, stated in his January 30, 2013 report that she had pain at the anterolateral and upper lateral aspect of her arm, which she experienced with overhead activities and at night, but denied any dramatic weakness, mechanical symptoms, or instability complaints in the left shoulder. He noted mild biceps pain but found no acute signs of trauma, full range of motion and no pain over the AC joint on examination; radiographic imaging of the left shoulder showed no acute fracture, dislocation or joint space narrowing. Dr. Piasecki advised that appellant's left shoulder symptoms after the January 2011 work injury mostly related to a rotator cuff contusion and possibly an associated AC joint sprain. He also imposed work restrictions with regard to the left shoulder. In his March 14, 2013 report, Dr. Piasecki reiterated that appellant had symptoms which were consistent with a rotator cuff contusion and an associated AC joint sprain. He stated that, while she continued to have persistent complaints of mild left shoulder pain, her condition had improved, she did not feel limited by shoulder symptoms and she was willing to return to work without restrictions. Dr. Piasecki favored releasing her to full duty at that time without restrictions.

Dr. Chadderdon began treating appellant for left wrist pain shortly after her January 14, 2011 work injury. He performed the July and October 2011 surgeries to ameliorate her left condition, outlined work restrictions, prescribed physical therapy, placed her on light duty, and continued to monitor her wrist condition in periodic progress reports. In his March 7, 2013 report, Dr. Chadderdon stated that appellant was now receiving treatment for her left shoulder condition as well, for which she had received work restrictions and he referred her to Dr. Piasecki for treatment. He, however, reported no overall change in her left wrist pain, which was aggravated with heavy use. Dr. Chadderdon asserted that appellant was not really using the wrist on a heavy basis since her left shoulder became problematic. He advised that there was no change in her permanent impairment rating and that she should maintain the permanent restrictions in the light-duty category. In his April 16, 2013 report, Dr. Chadderdon reviewed the history of injury and essentially reiterated his findings and conclusions. He stated that appellant's current diagnosis was traumatic arthropathy of the wrist and hand and pain in the left wrist. Dr. Chadderdon opined that her January 2011 work injury was an appropriate mechanism for the diagnosed injury and that subsequent surgery that was necessary to treat her condition.

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<sup>8</sup> Federal (FECA) Procedure Manual, Part 2 -- Claims, *Recurrences*, Chapter 2.1500.5(b) (January 1995).

He stated that attention was predominately focused on appellant's left wrist problems from January 2011 to January 2013 and that this was the reason that she did not complain significantly of left shoulder pain during this period. Dr. Chadderdon stated that he documented on January 9, 2013 that she had experienced a recurrence of left shoulder pain for about a week or two. He stated in his August 1, 2013 report, that appellant's left wrist had recently worsened after several months of her having only mild, occasional symptoms; she stated, however, that the pain did not significantly limit her ability to work, particularly in light of her permanent work restrictions. Dr. Chadderdon related that x-rays of the left wrist showed no evidence of a new acute fracture or dislocation. He advised that appellant continued to show radiographic signs of slow, but definitive progression of disease in her left wrist.

Drs. Piasecki and Chadderdon did not provide a rationalized, probative medical opinion indicating that appellant sustained a recurrence of disability on January 26, 2013 causally related to her accepted January 14, 2011 employment injury. While Dr. Piasecki provided diagnoses of a left rotator cuff contusion and possibly an associated AC joint sprain, he found no acute signs of trauma and no pain over the AC joint on examination. In addition, radiographic imaging of the left shoulder showed no acute fracture, dislocation or joint space narrowing. Dr. Piasecki indicated that appellant had full range of motion in the left shoulder. While he generally attributed her left shoulder symptoms as of January 26, 2013 to her accepted January 14, 2011 work injury, he did not provide a rationalized, probative medical opinion sufficient to establish that her period of disability from January 26 to March 8, 2013 was caused or aggravated by the January 2011 work injury. In lieu of any other known cause for the increase in appellant's left shoulder symptoms, Dr. Piasecki believed that the current condition of her left shoulder stemmed from the January 14, 2011 employment injury. Dr. Chadderdon documented his history of treating her for her left wrist injury, including two surgeries, a course of physical therapy and imposing work restrictions. He opined that attention was predominately focused on appellant's left wrist problems from January 2011 to January 2013 and that this was the reason she did not complain significantly of left shoulder pain during this period. Dr. Chadderdon diagnosed traumatic arthropathy of the wrist and hand and pain in the left wrist and opined that her January 2011 work injury was "an appropriate mechanism for the diagnosed injury"; however, this opinion was rendered on April 16, 2013, one month after she returned to work. He stated that he documented on January 9, 2013 that appellant had experienced a recurrence of left shoulder pain for about a week or two.

The opinions of Drs. Piasecki and Chadderdon on causal relationship are of limited probative value in that they did not provide adequate medical rationale in support of his conclusions.<sup>9</sup> They did not describe any alleged recurrence in detail. The opinions of Drs. Piasecki and Chadderdon are broad and vague as they do not explain whether appellant's accepted January 2011 employment injury contributed to her claimed condition and/or disability as of January 26, 2013. Further, their opinions are equivocal in that they appeared to partially attribute her left shoulder and left wrist conditions to cumulative trauma and degeneration over a period of time. Although these physicians refer to the initial January 2011 work injury, they

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<sup>9</sup> *William C. Thomas*, 45 ECAB 591 (1994).

failed to sufficiently explain whether appellant became disabled beginning January 26, 2013 due to the accepted injury.<sup>10</sup>

Appellant has not submitted a physician's reasoned opinion in which the physician explains the reasons why her condition as of January 26, 2013 was causally related to the January 14, 2011 work injury. For these reasons, the medical evidence is insufficient to establish a recurrence of a medical condition causally related to the accepted left wrist sprain, left hand sprain, left thumb sprain, and left shoulder conditions.<sup>11</sup> The Board affirms OWCP's July 18, 2013 decision denying modification of its May 13, 2013 decision which denied appellant's claim for a recurrence of disability beginning January 26, 2013.

### **LEGAL PRECEDENT -- ISSUE 2**

The schedule award provision of FECA<sup>12</sup> and its implementing regulations<sup>13</sup> set forth the number of weeks of compensation payable to employees sustaining permanent impairment from loss or loss of use, of scheduled members or functions of the body. However, FECA does not specify the manner in which the percentage of loss shall be determined. For consistent results and to ensure equal justice under the law to all claimants, good administrative practice necessitates the use of a single set of tables so that there may be uniform standards applicable to all claimants. The A.M.A., *Guides* has been adopted by the implementing regulations as the appropriate standard for evaluating schedule losses.<sup>14</sup> The claimant has the burden of proving that the condition for which a schedule award is sought is causally related to his or her employment.<sup>15</sup>

### **ANALYSIS -- ISSUE 2**

OWCP accepted the conditions of left wrist sprain, left hand sprain, left thumb sprain, and left shoulder sprain. Dr. Piasecki treated appellant for her left shoulder symptoms and submitted reports supporting a schedule award for the left shoulder. However, the only medical evidence provided consisted of the March 14 and 21, 2013 reports in which he summarily stated that she had a two percent impairment rating pursuant to the A.M.A., *Guides*. OWCP requested that Dr. Piasecki submit a thorough, rationalized medical report containing an impairment evaluation

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<sup>10</sup> See *Mary A. Ceglia*, 55 ECAB 656 (2004) (appellant has the burden of furnishing 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 rationale).

<sup>11</sup> Furthermore, the form reports from Drs. Chadderdon and Piasecki that supported causal relationship with a checkmark are insufficient to establish the claim, as the Board has held that without further explanation or rationale, a checked box is not sufficient to establish causation. *Debra S. King*, 44 ECAB 203 (1992); *Salvatore Dante Roscello*, 31 ECAB 247 (1979).

<sup>12</sup> 5 U.S.C. § 8107.

<sup>13</sup> 20 C.F.R. § 10.404. Effective May 1, 2009, OWCP began using the A.M.A., *Guides* (6<sup>th</sup> ed. 2009).

<sup>14</sup> *Id.*

<sup>15</sup> *Veronica Williams*, 56 ECAB 367, 370 (2005).

rendered in conformance with the applicable tables and protocols of the sixth edition of the A.M.A., *Guides* but he did not respond to this request. Dr. Piasecki submitted no additional impairment evaluations or ratings. As appellant failed to provide an impairment rating rendered in accordance with the applicable protocols and tables of the A.M.A., *Guides*, OWCP properly found that she had no ratable impairment attributable to her accepted left wrist, left hand, and left shoulder conditions and therefore was not entitled to an additional schedule award and that there was no basis for a schedule award under the A.M.A., *Guides*. Accordingly, the Board will affirm the July 16, 2013 OWCP decision.

Appellant may request a schedule award or increased schedule award based on evidence of a new exposure or medical evidence showing progression of an employment-related condition resulting in permanent impairment or increased impairment.

### **LEGAL PRECEDENT -- ISSUE 3**

Under 20 C.F.R. § 10.606(b), a claimant may obtain review of the merits of his or her claim by showing that OWCP erroneously applied or interpreted a specific point of law; by advancing a relevant legal argument not considered by OWCP; or by submitting relevant and pertinent evidence not previously considered by OWCP.<sup>16</sup> Evidence that repeats or duplicates evidence already in the case record has no evidentiary value and does not constitute a basis for reopening a case.<sup>17</sup>

### **ANALYSIS -- ISSUE 3**

In the present case, appellant has not shown that OWCP erroneously applied or interpreted a specific point of law; nor has she advanced a relevant legal argument not previously considered by OWCP. She submitted the August 1, 2013 report from Dr. Chadderdon, her treating physician. The Board has held that the submission of evidence which does not address the particular issue involved in the case does not constitute a basis for reopening the claim.<sup>18</sup> The evidence appellant submitted in connection with her August 14, 2013 reconsideration request, however, is not pertinent to the issue on appeal; *i.e.*, whether she had any permanent impairment for the left upper extremity from her accepted left wrist, left hand, and left shoulder conditions entitling her to an additional schedule award. Dr. Chadderdon's report is cumulative and repetitive of his previous reports. Appellant's reconsideration request failed to show that OWCP erroneously applied or interpreted a point of law nor did it advance a point of law or fact not previously considered by OWCP. OWCP did not abuse its discretion in refusing to reopen her claim for a review on the merits in its September 17, 2013 decision.

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<sup>16</sup> 20 C.F.R. § 10.606(b)(1); *see generally* 5 U.S.C. § 8128(a).

<sup>17</sup> *Howard A. Williams*, 45 ECAB 853 (1994).

<sup>18</sup> *See David J. McDonald*, 50 ECAB 185 (1998).

**CONCLUSION**

The Board finds that appellant has not sustained a recurrence of disability from January 26 to March 8, 2013 causally related to her accepted January 14, 2011 employment injury. The Board finds that she has not sustained any permanent impairment to a scheduled member of her body causally related to her accepted left wrist, left hand, left thumb, and left shoulder conditions, thereby entitling her to a schedule award under 5 U.S.C. § 8107. The Board finds that OWCP properly refused to reopen appellant's case for reconsideration on the merits of her claim under 5 U.S.C. § 8128(a).

**ORDER**

**IT IS HEREBY ORDERED THAT** the September 16 and 17 and July 16 and 18, 2013, 2013 decisions of the Office of Workers' Compensation Programs are affirmed.

Issued: March 12, 2015  
Washington, DC

Patricia Howard Fitzgerald, Judge  
Employees' Compensation Appeals Board

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

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