United States Department of Labor
Employees' Compensation Appeals Board

M.B., Appellant	)	
and	)	**Docket No. 14-0619**
	)	**Issued: September 28, 2015**
DEPARTMENT OF VETERANS AFFAIRS, VETERANS ADMINISTRATION MEDICAL CENTER, New York, NY, Employer	)	

Appearances:
Anthony A. Lenza, Esq., for the appellant
Office of Solicitor, for the Director

Case Submitted on the Record

DECISION AND ORDER

Before:
PATRICIA H. FITZGERALD, Deputy Chief Judge
ALEC J. KOROMILAS, Alternate Judge
MICHAEL E. GROOM, Alternate Judge

JURISDICTION

On January 24, 2014 appellant, through counsel, filed a timely appeal from a December 19, 2013 merit decision of the Office of Workers' Compensation Programs (OWCP). Pursuant to the Federal Employees' Compensation Act[1] (FECA) and 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 OWCP met its burden of proof to terminate appellant's medical and wage-loss compensation benefits effective December 6, 2012, finding that she no longer had any residuals or disability causally related to her accepted April 15, 2012 employment-related injuries; and (2) whether appellant established continuing employment-related residuals or disability after December 6, 2012 as a result of her accepted April 15, 2012 employment injuries.

[1] 5 U.S.C. § 8101 *et seq.*

FACTUAL HISTORY

On April 15, 2012 appellant, then a 31-year-old nurse, filed a traumatic injury claim (Form CA-1) alleging that on April 15, 2012 she sustained a right shoulder and back injury when attempting to move a bed by pulling the handrail. By decision dated June 14, 2012, OWCP accepted the claim for sprain of neck, sprain of back thoracic region, right shoulder sprain and right upper arm sprain. Appellant sought medical treatment and stopped work. She received wage-loss compensation and was placed on periodic rolls beginning June 17, 2012.

In a May 10, 2012 diagnostic report, Dr. Robert Schepp, a Board-certified diagnostic radiologist, reported that a magnetic resonance imaging (MRI) scan of the right shoulder revealed a partial tear of the distal supraspinatus tendon. Appellant also underwent an x-ray of the cervical and thoracic spine on May 10, 2012 and an MRI scan of the cervical spine on July 5, 2012.

By report dated June 24, 2012, Dr. John C. L'Insalata, a treating physician, diagnosed cervical strain with possible plexopathy verses radiculopathy and shoulder sprain with impingement and multidirectional instability.

In a July 31, 2012 report, Dr. Dorothy Norwood, a treating physician, reviewed an MRI scan of the cervical spine and right shoulder, and an electromyography (EMG) study of both upper extremities. She noted that the MRI scan of the right shoulder revealed some rotator cuff tendinosis without a discrete tear. Dr. Norwood stated that appellant's right shoulder sprain symptoms were not compatible with the clinical studies and findings. She recommended an MRI scan of the brachial plexus and found that appellant could return to light-duty work.

A study dated August 9, 2012 from Dr. Robert Diamond, a Board-certified diagnostic radiologist, reported that an MRI scan of the brachial plexus revealed no abnormalities.

In an August 15, 2012 report, Dr. Igor Stiler, a Board-certified neurologist, reported that appellant had decreased range of motion in her spine and shoulder compared to her July 12, 2012 examination. He noted that she could return to work at limited duty, restricting use of her right upper extremity.

By report dated August 15, 2012, Dr. Joseph Giovinazzo, a Board-certified orthopedic surgeon, reported that he reviewed the MRI scan of appellant's right shoulder. He could not see a tear even though the report noted a partial rotator cuff tear. He opined that she was temporarily disabled and unable to work.

On August 30, 2012 OWCP referred appellant, a statement of accepted facts (SOAF) and the case file to Dr. Jeffrey Lakin, a Board-certified orthopedic surgeon, for a second opinion medical examination to establish the nature and extent of disability. In a September 19, 2012 report, Dr. Lakin provided findings on physical examination, a summary of appellant's past medical reports, and a history of the April 15, 2012 employment injury. He reviewed her diagnostic studies and agreed with the findings of the radiologist with respect to the May 10, 2012 MRI scan of the right shoulder which found a partial tear of the distal supraspinatus tendon. Dr. Lakin noted that appellant's physical examination revealed minimal tenderness of the cervical spine and upper right arm. He opined that she was not suffering from any disabling

injuries due to sprains of the upper right arm, right shoulder, neck and thoracic spine. Dr. Lakin stated that appellant's accepted conditions had resolved and the claim should not be expanded to include other conditions. He found that she was able to return to full-duty work without restrictions and was not suffering from other conditions which would prevent her from working full time.

On October 15, 2012 OWCP notified appellant of its proposal to terminate her compensation benefits based on Dr. Lakin's opinion. It provided her 30 days to submit additional information if she disagreed.

In support of her claim, appellant submitted medical reports including notes from a physician assistant, treatment and disability notes from Dr. Walter F. Pizzi, a Board-certified surgeon, providing appellant with limited-duty restrictions, and the September 24, October 25 and November 5, 2012 notes from Dr. Kenneth Chapman, a Board-certified anesthesiologist with a subspecialty in pain medicine, administering cervical epidural steroid injections for treatment of her cervical disc disorder and cervical radiculopathy.

Appellant also submitted a July 17, 2012 nerve conduction and EMG study from Dr. Stiler. He noted no evidence of cervical radiculopathy or peripheral neuropathy in the upper extremities. In medical reports dated October 3 and November 21, 2012, Dr. Stiler reported that she could return to light-duty work with restrictions.

In September 26 and November 8, 2012 medical reports, Dr. Giovinazzo reported that an MRI scan /magnetic resonance arthrogram (MRA) scan revealed strain of the deltoid with no tears. He stated that appellant could return to light-duty work.

By decision dated December 6, 2012, OWCP terminated appellant's medical and wage-loss compensation benefits effective that day. It found that the weight of the medical evidence rested with Dr. Lakin, who determined that she did not continue to have any residuals or disability due to her accepted work-related conditions.

On February 13, 2013 appellant requested an oral hearing before the Branch of Hearings and Review.

By decision dated March 20, 2013, the Branch of Hearings and Review denied appellant's request for a hearing finding that it was not made within 30 days of the December 6, 2012 OWCP decision. The Branch of Hearings and Review further determined that the issue in the case could equally well be addressed by requesting reconsideration from OWCP and submitting evidence not previously considered which established that she continued to suffer from residuals of her April 15, 2012 injury.

By letter dated March 27, 2013, counsel argued that the hearing request was timely filed because the decision with appeal rights was not mailed to his office or appellant until January 31, 2013.

By letter dated April 1, 2013, appellant requested reconsideration of the December 6, 2012 decision. She argued that she had been misdiagnosed and that surgery on

March 11, 2013 revealed a labral tear which did not appear on the previously obtained MRI scan or arthrogram.

Appellant also submitted disability notes from Dr. Pizzi restricting her to limited duty and notes from Dr. Chapman documenting treatment of epidural steroid injections. A February 20, 2013 vocational assessment evaluation reported that she was unemployable for the next several years.

In a January 24, 2013 report, Dr. Irving Friedman, a Board-certified neurologist, examined appellant and noted that she injured her shoulder on April 15, 2012 when a bedside rail came off at work. He provided findings on physical examination, reviewed past medical reports and summarized the diagnostic studies. Dr. Friedman noted that a September 18, 2012 MRI scan of the right shoulder revealed anterior deltoid muscle belly grade 1 strain, no rotator cuff tear, minimal stretching of the intracapsular portion and mild flattening of the posterior/superior labrum without discrete tear. He diagnosed chronic post-traumatic right shoulder syndrome with partial tear supraspinatus and effusion, chronic post-traumatic right shoulder arthropathy with marked restricted range of motion, post-traumatic cervical myofascitis/spasm with right-sided radiculopathy and right deltoid grade 1 strain. Dr. Friedman opined that appellant's conditions were directly related to the injuries sustained on April 15, 2012 when she became, and continued to be, acutely symptomatic. He further opined that she was partially disabled as a result of her right upper extremity, right shoulder and cervical spine conditions and could not return to work as a nurse due to extreme limited usefulness of the right upper extremity.

In a March 5, 2013 report, Dr. Armin M. Tehrany, a Board-certified orthopedic surgeon, reported that appellant injured her right shoulder about 11 months prior and had been treated with epidural shots, cortisone injections and physical therapy with no improvement. His review of diagnostic testing revealed disc bulges in the cervical spine. An MRI scan of the right shoulder revealed small partial cuff tear and an MRI scan revealed potential changes in the labrum. Dr. Tehrany diagnosed missed right shoulder labral tear and subtle capsular redundancy. He recommended diagnostic arthroscopy of the right shoulder.

In a March 11, 2013 report, Dr. Tehrany provided a preoperative diagnosis of instability with labral tears of the right shoulder. He provided a postoperative diagnosis of instability with labral tears right shoulder plus superior labral tear from anterior to posterior (SLAP) lesion and bursitis. Appellant underwent right SLAP repair, capsular plication and bursectomy. The surgery was not approved by OWCP.

OWCP found a conflict of medical opinion between Dr. Tehrany, Dr. Friedman, and Dr. Stiler, appellant's treating physicians, and Dr. Lakin as the second opinion physician. It referred appellant, a statement of accepted facts, the case file, a medical conflict statement and a series of questions to Dr. Alan M. Crystal, a Board-certified orthopedic surgeon, for an impartial referee medical examination to resolve the conflict.

In a July 15, 2013 report, Dr. Crystal noted that appellant's right shoulder sprain, sprain of the neck, and thoracic spine were accepted as a result of the April 15, 2012 employment incident of pulling a bed and breaking off a bedrail. He noted that clinical examination of the right shoulder revealed slightly decreased active range of motion, but was sufficient to be deemed functional for activities of daily living and work as appellant's complaints were

subjective. Dr. Crystal noted that due to the alleged SLAP Type 2 legion and surgery performed for alleged shoulder instability, a slight decrease in range of motion may persist. He stated that there were no objective findings related to the sprain of the neck and no objective findings or subjective complaints related to the thoracic sprain. Dr. Crystal found that the neck sprain and thoracic sprain had resolved. He stated that the right shoulder sprain waned due to corrective surgery. Dr. Crystal noted that the accepted condition of right shoulder sprain was a vague diagnosis and became a right shoulder SLAP Type 2 lesion with anterior and posterior shoulder instability after surgery. He noted that surgery corrected the SLAP Type 2 lesion and the alleged shoulder instability. Dr. Crystal noted that appellant had borderline diabetes which was secondary to her polycystic ovaries and could cause shoulder stiffness. He advised that she was capable of working full duty based on Dr. Lakin's evaluation presurgery and was also currently capable of working full-duty after her right shoulder surgery. Dr. Crystal recommended no further medical treatment.

By decision dated August 16, 2013, OWCP affirmed the December 6, 2012 decision. It found that the medical evidence failed to establish that appellant remained disabled as a result of the accepted April 15, 2012 work injury.

On September 9, 2013 appellant requested reconsideration of the decision. She argued that her SLAP tear and brachial plexus injury were work related and that she required light-duty work. Appellant noted that she recently obtained a consult from Dr. Vincent G. Fietti, a Board-certified orthopedic surgeon, who had provided this opinion. By letter of the same date, counsel argued that appellant was entitled to an oral hearing as the request was timely filed.

In a July 10, 2013 report, Dr. Fietti reviewed appellant's prior medical reports and diagnostic studies and provided findings on physical examination. He provided a summary of the diagnostic studies and treatment obtained as a result of her April 15, 2012 work injury. Dr. Fietti noted that, despite treatment over the course of the prior year, appellant's symptoms persisted warranting a surgical consultation with Dr. Tehrany on March 5, 2013. Appellant favored an arthroscopic evaluation of her right shoulder which was performed on March 11, 2013. The operative note indicated findings of micro tears of both anteroinferior and posteroinferior glenoid labrums, a SLAP Type 2 lesion, and bursitis. Capsular placations and labral repairs were performed and appellant continued with physical therapy postoperation.

Dr. Fietti reported that appellant sustained an injury to her right upper extremity and neck in April 2012 which caused a right brachial plexopathy and right shoulder injury. Orthopedic evaluation showed a deformity to the glenoid labrum which, on arthroscopic examination, proved to be tears in the anterior and posterior aspects of the labrum, both of which were repaired. In addition, the shoulder capsule was felt to be enlarged resulting in instability and a capsular placation was performed. Dr. Fietti opined that appellant's tears of the right shoulder labrum, instability of the right shoulder and traction neuropathy to her brachial plexus were a direct consequence of her April 15, 2012 employment accident. He concluded that she was totally disabled from her previous employment but could perform light-duty work.

In a September 25, 2013 report, Dr. Norwood stated that appellant suffered from persistent right upper extremity weakness after surgical repair of the labral tears. She opined that appellant was capable of returning to work on a light-duty status. Appellant also submitted

treatment notes from Dr. Tehrany previously of record, as well as physician assistant notes documenting her treatment postsurgery.

By decision dated December 19, 2013, OWCP affirmed the August 16, 2013 decision finding that the medical evidence failed to establish continuing disability as a result of the April 15, 2012 employment incident.

LEGAL PRECEDENT -- ISSUE 1

Once OWCP has accepted a claim and pays compensation, it bears the burden to justify modification or termination of benefits.[2] Having determined that an employee has a disability causally related to his or her federal employment, OWCP may not terminate compensation without establishing either that the disability has ceased or that it is no longer related to the employment.[3]

The right to medical benefits for an accepted condition is not limited to the period of entitlement for disability compensation.[4] To terminate authorization for medical treatment, OWCP must establish that appellant no longer has residuals of an employment-related condition which require further medical treatment.[5] OWCP's burden of proof includes the necessity of furnishing rationalized medical opinion evidence based on a proper factual and medical background.[6]

For conditions not accepted by OWCP as being employment related, it is the employee's burden to provide rationalized medical evidence sufficient to establish causal relation, not OWCP's burden to disprove such relationship.[7]

ANALYSIS -- ISSUE 1

OWCP accepted that appellant sustained a sprain of neck, sprain of back thoracic region, right shoulder sprain, and right upper arm sprain as a result of the April 15, 2012 employment incident. The issue is whether OWCP properly terminated her medical and wage-loss compensation benefits effective December 6, 2012 as she was not experiencing any residuals or disability of the April 15, 2012 injuries. The Board finds that OWCP properly terminated appellant's medical and wage-loss benefits.

In its termination decision, OWCP determined that the weight of the medical evidence rested with Dr. Lakin, a Board-certified orthopedic surgeon serving as the second opinion

[2] *Bernadine P. Taylor*, 54 ECAB 342 (2003).

[3] *Id.*

[4] *Roger G. Payne*, 55 ECAB 535 (2004).

[5] *Pamela K. Guesford*, 53 ECAB 726 (2002).

[6] *T.P.*, 58 ECAB 524 (2007); *Furman G. Peake*, 41 ECAB 351 (1975).

[7] *G.A.*, Docket No. 09-2153 (issued June 10, 2010); *Jaja K. Asaramo*, 55 ECAB 200 (2004); *Alice J. Tysinger*, 51 ECAB 638 (2000).

physician. The Board finds that Dr. Lakin's well-rationalized report, which was based upon a proper factual and medical background, represents the weight of the medical evidence and establishes that appellant's right shoulder sprain, sprain of neck, and thoracic sprain ceased and she was no longer experiencing residuals or disability related to the April 15, 2012 employment incident.[8]

In his September 19, 2012 medical report, Dr. Lakin reviewed past medical reports, summarized diagnostic findings, and provided findings on physical examination. He stated that the sprains to the right shoulder and upper arm, neck, and thoracic back had resolved and appellant was no longer suffering from the disabling April 15, 2012 work-related injuries.

The Board has carefully reviewed the opinion of Dr. Lakin and finds that it has reliability, probative value, and convincing quality with respect to its conclusions regarding the relevant issue in the present case.[9] Dr. Lakin's opinion is based on a proper factual and medical history and he thoroughly reviewed the SOAF and medical records.[10] He provided medical rationale for his opinion by explaining that appellant's sprains had resolved as evidenced by her clinical examination and radiograph studies. Dr. Lakin further explained that appellant was neurologically intact with no evidence of peripheral nerve entrapment. He provided a thorough explanation that appellant's disability had ceased explaining that she did not sustain any additional injuries as a result of the April 15, 2012 employment incident which would warrant expanding the claim and thus, could resume full-duty work without restrictions. Dr. Lakin's opinion is entitled to special weight and establishes that appellant was no longer experiencing residuals or disability related to the April 15, 2012 employment incident.[11]

The Board notes that the most recent reports contemporaneous with the termination of appellant's benefits were provided by Dr. Giovinazzo, dated September 26 and November 8, 2012. Dr. Giovinazzo reported that an MRI/MRA scan revealed strain of the deltoid with no tears and released appellant to light-duty work. The Board has held that medical evidence that does not offer any opinion regarding the cause of an employee's condition is of limited probative value on the issue of causal relationship.[12] While these reports provided a diagnosis of deltoid strain, the physician failed to provide any opinion that appellant was experiencing residuals or disability as a result of her accepted April 15, 2012 injuries.[13]

The remaining medical evidence of record is also insufficient to establish employment-related disability. Dr. Pizzi's disability notes provided appellant with limited-duty restrictions yet failed to discuss a diagnoses and cause of ongoing disability. Dr. Chapman's reports dated September 24 through November 5, 2012 only noted treatment for cervical disc disorder and

[8] *Y.M.*, Docket No. 14-1050, 14-1193 (issued December 24, 2014).

[9] *See R.W.*, Docket No. 12-375 (issued October 28, 2013).

[10] *See Melvina Jackson*, 38 ECAB 443 (1987).

[11] *A.H.*, Docket No. 13-266 (issued October 24, 2013).

[12] *S.E.*, Docket No. 08-2214 (issued May 6, 2009); *C.B.*, Docket No. 09-2027 (issued May 12, 2010).

[13] *J.H.*, Docket No. 12-1848 (issued May 15, 2013).

cervical radiculopathy with no discussion of the cause of these conditions. The diagnostic reports interpreted imaging studies with no further explanation establishing a firm medical diagnosis and causal relationship. The opinion of a physician supporting causal relationship must rest on a complete factual and medical background supported by affirmative evidence, address the specific factual and medical evidence of record, and provide medical rationale explaining the relationship between the diagnosed condition and the established incident or factor of employment.[14] The physicians failed to provide sufficient medical rationale explaining how appellant remained disabled as a result of the April 15, 2012 employment injuries.[15]

The Board further notes that the initial medical reports of record do not discuss appellant's disability as of December 6, 2012. The May 12, 2012 report from Dr. Schepp, the June 24, 2012 report from Dr. Insalata, the July 31, 2012 report from Dr. Norwood, the August 9, 2012 report from Dr. Diamond, and the August 15, 2012 report from Dr. Stiler, provide diagnostic impressions but did not address appellant's disability status as of December 6, 2012. For this reason, the Board finds that these reports are of limited probative value regarding the current issue.

The Board finds that Dr. Lakin's opinion constitutes the weight of the medical evidence and is sufficient to justify OWCP's termination of benefits for the accepted conditions. The Board also notes that there are no reports from appellant's treating physicians establishing employment-related disability or supporting any continuing residuals of the accepted conditions. Because appellant no longer has residuals or disability related to her accepted employment conditions, OWCP properly terminated entitlement to compensation and medical benefits effective December 6, 2012.[16] Accordingly, OWCP met its burden of proof and its decision to terminate her compensation and medical benefits shall be affirmed.[17]

LEGAL PRECEDENT -- ISSUE 2

After termination or modification of compensation benefits, clearly warranted on the basis of the evidence, the burden of reinstating compensation shifts to the claimant. To prevail, the claimant must establish by the weight of the reliable, probative, and substantial evidence that she had an employment-related disability, which continued after the termination of benefits.[18]

Under FECA,[19] the term disability is defined as incapacity, because of employment injury, to earn the wages that the employee was receiving at the time of injury.[20] Whether a particular injury causes an employee to be disabled and the duration of that disability are medical

[14] *See Lee R. Haywood*, 48 ECAB 145 (1996).

[15] *W.F.*, Docket No. 12-479 (issued November 27, 2012); *Dean E. Pierce*, 40 ECAB 1249 (1989).

[16] *G.I.*, Docket No. 13-19 (issued April 2, 2013).

[17] *L.C.*, Docket No. 12-1177 (issued August 19, 2013).

[18] *See E.J.*, 59 ECAB 695 (2008).

[19] 5 U.S.C. §§ 8101-8193.

[20] *See Prince E. Wallace*, 52 ECAB 357 (2001).

issues which must be proved by a preponderance of the reliable, probative, and substantial medical evidence.[21]

Section 8123(a) of FECA provides that, if there is disagreement between the physician making the examination for the United States and the physician of the employee, the Secretary shall appoint a third physician who shall make an examination. When the case is referred to an impartial medical specialist for the purpose of resolving the conflict, the opinion of such specialist, if sufficiently well rationalized and based on a proper factual background, must be given special weight.[22]

ANALYSIS -- ISSUE 2

The Board finds that appellant has not established continuing residuals or disability after December 6, 2012 as a result of her accepted April 15, 2012 employment injuries.

Subsequent to OWCP's December 6, 2012 termination of benefits decision, appellant submitted additional medical evidence in support of her claim for continued disability compensation as a result of residuals or disability causally related to the accepted April 15, 2012 injury. While OWCP accepted appellant's claim for right shoulder sprain, sprain of neck and thoracic sprain, her additional right shoulder conditions, including right shoulder labral tears, were discovered only upon a March 11, 2013 arthroscopic evaluation, performed by Dr. Tehrany, despite having previously undergone numerous medical evaluations and various diagnostic testing since the onset of her initial April 15, 2012 injury.

Based on the evidence submitted, OWCP found a conflict of medical opinion between Drs. Tehrany, Friedman, and Stiler, appellant's treating physicians, and Dr. Lakin, the second opinion physician. It referred appellant to Dr. Alan M. Crystal, a Board-certified orthopedic surgeon, for an impartial referee medical examination to resolve the conflict.

In a July 15, 2013 report, Dr. Crystal noted that appellant's right shoulder sprain, sprain of the neck, and thoracic spine were accepted as a result of the April 15, 2012 employment incident of pulling a bed and breaking off a bedrail. He noted that clinical examination of the right shoulder revealed slightly decreased active range of motion, but was sufficient to be deemed functional for activities of daily living and work as appellant's complaints were subjective. Dr. Crystal noted that, due to the alleged SLAP Type 2 legion and surgery performed for alleged shoulder instability, a slight decrease in range of motion may persist. He stated that there were no objective findings related to the sprain of the neck and no objective findings or subjective complaints related to the thoracic sprain. Dr. Crystal found that the neck sprain and thoracic sprain had resolved. He stated that the right shoulder sprain waned due to corrective surgery. Dr. Crystal noted that the accepted condition of right shoulder sprain was a vague diagnosis and became a right shoulder SLAP Type 2 lesion with anterior and posterior shoulder instability after surgery. He noted that surgery corrected the SLAP Type 2 lesion and the alleged shoulder instability. Dr. Crystal noted that appellant had borderline diabetes which was secondary to her polycystic ovaries and could cause shoulder stiffness. He advised that she was

[21] *See Fereidoon Kharabi*, 52 ECAB 291, 293 (2001); *Edward H. Horton*, 41 ECAB 301, 303 (1989).

[22] *See Manuel Gill*, 52 ECAB 282 (2001).

capable of working full duty based on Dr. Lakin's evaluation presurgery and was also currently capable of working full duty after her right shoulder surgery. Dr. Crystal recommended no further medical treatment.

The Board finds that, under the circumstances of this case, the opinion of Dr. Crystal is well rationalized and based upon a proper factual background such that it is entitled to special weight and establishes that appellant's work-related condition has ceased.[23]

On reconsideration, appellant submitted a report of Dr. Fietti dated July 10, 2013, in which he opined that appellant was disabled from her previous employment, but could perform light-duty work. Appellant also submitted a September 25, 2013 report of Dr. Norwood in which she opined that appellant was capable of returning to work on a light-duty status. However, these reports of Drs. Fietti and Norwood are repetitive relative to their prior reports and are insufficient to overcome the opinion of Dr. Crystal or to create a new medical conflict.[24]

Appellant, therefore, has not met her burden of proof to establish continuing residuals or disability after December 6, 2012. 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 met its burden of proof to terminate appellant's compensation benefits effective December 6, 2012. The Board further finds that appellant has not established that she continues to suffer from employment-related residuals or disability as a result of her accepted April 15, 2012 employment injuries.

[23] *Aubrey Belnavis*, 37 ECAB 206 (1985).

[24] *See Howard Y. Miyashiro*, 43 ECAB 1101, 1115 (1992); *Dorothy Sidwell*, 41 ECAB 857 (1990).

ORDER

IT IS HEREBY ORDERED THAT the December 19, 2013 decision of the Office of Workers' Compensation Programs is affirmed.[25]

Issued: September 28, 2015
Washington, DC

Patricia H. Fitzgerald, Deputy Chief Judge
Employees' Compensation Appeals Board

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

[25] Michael E. Groom, Alternate Judge, participated in the preparation of the decision but was no longer a member of the Board effective December 27, 2014.