

On appeal appellant contends that he disagrees with OWCP's decision as the dental treatment he received left him susceptible to breakage.

FACTUAL HISTORY

OWCP accepted that appellant, a 56-year-old accountant, broke a tooth, number 14, on November 18, 2009 as a result of hitting a large bump in the road during a van ride between military bases in Afghanistan and slamming his mouth shut. It authorized a porcelain crown.

On December 30, 2014 appellant filed a notice of recurrence (Form CA-2a). On the claim form, he indicated that he sustained a recurrence due to medical treatment only on December 25, 2014. Appellant stated that his front left tooth broke off while picking food from between his front teeth. He alleged that "[t]his tooth was filed down very thinly and a crown was put on it due to an injury sustained while on duty in Afghanistan." Appellant submitted a medical bill for dental services dated December 29, 2014 in support of his claim.

In a January 5, 2015 letter, OWCP requested additional evidence in support of the claim, including a narrative medical report from appellant's attending physician regarding the relationship between the need for continued medical treatment and the accepted condition. It afforded appellant 30 days to respond to its inquiries. OWCP further advised him that any medical treatment he received would be at his own expense and if his claim was accepted later, then he would be able to submit his expenses for reimbursement.

In response, appellant submitted a January 27, 2015 narrative statement reiterating his claim that on December 25, 2014, as he cleaned his teeth with a tooth pick, his number nine tooth broke off. He alleged that this tooth, along with several others, was fractured or damaged in a vehicle accident while he was on duty in Afghanistan on November 18, 2009. Appellant stated that, when he returned to the U.S., he reported the incident to OWCP and it paid a dentist to repair the teeth. To make this repair the dentist filed the teeth down very finely in order to put caps on top of them and appellant alleged that his teeth were so thin that when he used a tooth pick to remove food from them the number nine tooth broke as though it were a tooth pick. Appellant requested to have his tooth replaced as there was nothing there to repair. He also submitted another dental bill dated December 29, 2014.

By decision dated February 20, 2015, OWCP denied the claim finding that medical treatment at its expense was not authorized as the medical evidence submitted was insufficient to establish a recurrence of appellant's accepted condition causally related to the employment injury. It noted that the dental bill only reflected costs for tooth number 9, rather than the accepted tooth, number 14.

On March 27, 2015 appellant requested reconsideration and submitted a report dated December 29, 2014 from his dentist, Dr. Amal Hamdi, who asserted that appellant was seen for an emergency limited oral evaluation that day. Dr. Hamdi found that appellant had an existing crown on tooth number nine that broke and part of the tooth structure had broken off, as well, and was inside the crown. Appellant stated that he was eating on Christmas day when his tooth broke. Dr. Hamdi determined that there was too much tooth structure loss to be able to save the tooth and recommended surgical extraction.

By decision dated June 18, 2015, OWCP denied modification of its prior decision.

On June 25, 2015 appellant requested reconsideration and argued that due to limited diagnostic equipment in the war zone the dentist in Afghanistan only noted that the number eight tooth was chipped, but an examination back in the U.S. by his dentist, Dr. Ammar Louly, indicated that four teeth, number 8, 9, 24, and 25, had been fractured. Appellant also argued that OWCP had previously accepted his claim and authorized payment in the amount of \$5,032.00 to Dr. Louly for the repair of teeth numbers 8, 9, 24, and 25. He submitted dental records and medical bills dated November 18, 2009 from Camp Phoenix Dental in Afghanistan and April 29, 2010 and March 23, 2015 from Dr. Louly indicating that appellant needed crowns for teeth numbers 8, 9, 24, and 25 amounting to a total cost of \$5,032.00.

By decision dated September 18, 2015, OWCP denied modification of its prior decision.

LEGAL PRECEDENT

A recurrence of a medical condition is defined as a documented need for further medical treatment after release from treatment for the accepted condition or injury.³ Continuous treatment for the original condition or injury is not considered a recurrence of a medical treatment nor is an examination without treatment.⁴ As distinguished from a recurrence of disability, a recurrence of a medical condition does not involve an accompanying work stoppage.⁵ It is the employee's burden to establish that the claimed recurrence is causally related to the original injury.⁶ Causal relationship is a medical issue that can generally be resolved only by rationalized medical opinion evidence.⁷

ANALYSIS

OWCP accepted that appellant's November 18, 2009 employment injury resulted in a broken a tooth, number 14, and authorized a porcelain crown. On December 30, 2014 appellant filed a claim for a recurrence of the need for medical treatment due to his November 18, 2009 injury. The issue on appeal is whether appellant's need for medical treatment commencing December 25, 2014 is causally related to his November 18, 2009 work injury.

In a December 29, 2014 report, Dr. Hamdi found that appellant had an existing crown on tooth number nine that broke and part of the tooth structure had broken off, as well, and was inside the crown. Appellant stated that he was eating on Christmas day when his tooth broke. Dr. Hamdi determined that there was too much tooth structure loss to be able to save the tooth and recommended surgical extraction. The report from Dr. Hamdi is insufficient to establish that

³ 20 C.F.R. § 10.5(y).

⁴ *Id.*

⁵ *Id.* at § 10.5(x).

⁶ *Id.* at § 10.104. See also *Mary A. Ceglia*, 55 ECAB 626, 629 (2004).

⁷ See *Jennifer Atkerson*, 55 ECAB 317 (2004).

appellant sustained a recurrence of his accepted medical condition of a broken number 9 tooth. Dr. Hamdi failed to provide sufficient medical rationale explaining how appellant's symptoms or condition beginning on December 25, 2014 were causally related to the accepted November 18, 2009 employment injury to tooth number 14. For these reasons, the Board finds that appellant did not meet his burden of proof to establish a recurrence.

The dental records and medical bills of record do not constitute competent medical evidence as they do not contain rationale by a physician relating appellant's disability to his employment.⁸ In the absence of a rationalized medical opinion from a physician explaining the reasons why appellant sustained a recurrence of his medical condition commencing December 25, 2014, causally related to his November 18, 2009 work injury, appellant has not met his burden of proof to establish his claim.

On appeal appellant disagrees with OWCP's decision. He alleged that OWCP had previously accepted his claim for broken teeth numbers 8, 9, 24, and 25. The Board finds, however, that the only accepted condition in this case is for broken tooth number 14. The Board further finds that the evidence submitted by appellant lacks adequate rationale to establish a causal connection between the alleged recurrence of his medical condition and the accepted employment injury. Appellant has the burden of submitting sufficient medical evidence to document the need for further medical treatment. He did not submit such evidence as required and failed to establish a need for continuing medical treatment.⁹

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 appellant has not met his burden of proof to establish a recurrence of his medical condition commencing December 25, 2014 causally related to his November 18, 2009 employment injury.

⁸ 5 U.S.C. § 8101(2). See *Gloria J. McPherson*, 51 ECAB 441 (2000); *Charley V.B. Harley*, 2 ECAB 208, 211 (1949) (a medical issue such as causal relationship can only be resolved through the submission of probative medical evidence from a physician).

⁹ See *J.F.*, 58 ECAB 331 (2006).

ORDER

IT IS HEREBY ORDERED THAT the September 18 and June 18, 2015 decisions of the Office of Workers' Compensation Programs are affirmed.

Issued: June 15, 2016
Washington, DC

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

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

Valerie D. Evans-Harrell, Alternate Judge
Employees' Compensation Appeals Board