



## **FACTUAL HISTORY**

On July 31, 2014 appellant, then a 59-year-old dental assistant,<sup>2</sup> filed a traumatic injury claim (Form CA-1) alleging that on June 9, 2014 she experienced pain and numbness in her right palm and wrist when she was typing on that date. She did not stop work, but continued to perform modified-duty work.

The record contains an authorization for examination and/or treatment form (Form CA-16) completed on June 9, 2014 by Dr. John Reasoner, an attending Board-certified family practitioner. Dr. Reasoner examined appellant on June 9, 2014 and reported right wrist pain and hand numbness while working on a computer. He noted that she had preexisting right carpal tunnel syndrome and he diagnosed de Quervain's tenosynovitis and exacerbation of degenerative joint disease of the first metacarpophalangeal and carpometacarpal joints.<sup>3</sup> Dr. Reasoner checked a "yes" box indicating that the conditions found were caused or aggravated by the employment activity described.

In a report dated June 10, 2014, Dr. Kenneth A. Stone, an attending Board-certified family practitioner, examined appellant on that date. Appellant reported that, on the prior day, she experienced sudden onset of pain in the palm of her right hand and burning pain along the extensor tendon from her right thumb to her right forearm. She indicated that she was working on the computer each day and "not really performing" her dental assistant duties. Dr. Stone diagnosed "acute de Quervain's tenosynovitis right thumb, wrist, and forearm that is work related, possibly associated with an aggravation of preexisting [carpal tunnel syndrome]."

In a June 19, 2014 report, Dr. Reasoner noted that appellant came in for follow up of "injury/pain hand, injury/pain wrist, and work injury" and reported physical examination findings. He diagnosed exacerbation of preexisting right carpal tunnel syndrome, right de Quervain's tenosynovitis, and exacerbation of osteoarthritis the first metacarpophalangeal and carpometacarpal joints of her right hand. Dr. Reasoner noted that appellant continued to perform modified-duty work.<sup>4</sup>

On July 22, 2015 OWCP accepted that appellant sustained aggravation of preexisting right carpal tunnel syndrome, right de Quervain's tenosynovitis, and aggravation of preexisting osteoarthritis of the first metacarpophalangeal and carpometacarpal joints of her right hand.

In an August 15, 2014 report, Dr. Reasoner indicated in the history section of the report, "[Appellant] has had continued tingling of right hand due to increased typing at work despite

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<sup>2</sup> Appellant identified herself as a dental assistant on the (Form CA-1). At the time she filed her claim, she was not performing her regular dental assistant duties, but rather was working in a sedentary, modified-duty position that involved typing on a computer.

<sup>3</sup> Dr. Reasoner noted that appellant could perform light-duty work beginning June 9, 2014. The findings of June 9, 2014 right hand x-rays showed no acute bony abnormality, mild osteoarthritis of the first metacarpophalangeal joint, and minimal osteoarthritis of the first carpometacarpal and scaphotrapezium joints.

<sup>4</sup> In a July 3, 2014 report, Dr. Reasoner reported physical examination findings and diagnosed the same right upper extremity conditions.

wrist brace. [Appellant] has [degenerative joint disease of the first carpometacarpal] joint, which has been exacerbated by her work activities.” He diagnosed exacerbation of preexisting right carpal tunnel syndrome and exacerbation of osteoarthritis the first metacarpophalangeal and carpometacarpal joints of appellant’s right hand, and recommended that she continue performing modified work.

By letter dated October 8, 2015, OWCP advised appellant that it proposed to rescind its acceptance of her claim for aggravation of preexisting right carpal tunnel syndrome, right de Quervain’s tenosynovitis, and aggravation of preexisting osteoarthritis of the first metacarpophalangeal and carpometacarpal joints of her right hand. It explained that the record did not contain a medical report with a rationalized medical opinion relating these conditions to her described work duties on June 9, 2014. OWCP provided appellant 30 days to submit additional evidence challenging the proposed rescission action, including information about her work duties on June 9, 2014 and a medical report with sound reasoning regarding the causal relationship between the diagnosed conditions and work factors.<sup>5</sup>

Appellant submitted an October 22, 2015 statement in which she noted that, since October 2013, she had only been performing administrative duties. She described her duties of typing information for 50 to 250 patients each day, noting that she spent several minutes typing for each patient.<sup>6</sup> In a November 2, 2015 statement, appellant described the problems she encountered in obtaining additional medical reports from attending physicians. She noted that Dr. Reasoner had left his medical practice group.

In an October 19, 2015 letter, an employing establishment official indicated that appellant had been performing “strictly administrative” work duties since 2013, which included typing information for 50 to 250 patients per day. Typing in the information for each patient took a maximum of two minutes.

In a December 3, 2015 decision, OWCP rescinded its acceptance of appellant’s claim for aggravation of preexisting right carpal tunnel syndrome, right de Quervain’s tenosynovitis, and aggravation of preexisting osteoarthritis of the first metacarpophalangeal and carpometacarpal joints of her right hand. It discussed the reports of Dr. Reasoner and Dr. Stone and indicated that the rescission action was justified by the fact that the medical evidence of record did not contain a rationalized medical opinion relating the accepted employment conditions to specific work factors she experienced on June 9, 2014. OWCP noted that appellant was provided an opportunity to submit a rationalized medical report on the matter of causal relationship, but failed to do so.

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<sup>5</sup> In an October 8, 2015 letter, OWCP also requested that the employing establishment submit additional information about appellant’s work duties.

<sup>6</sup> Appellant also described the dental assistant duties she performed between December 2005 and October 2013, including sterilizing dental instruments and typing information for patients.

## LEGAL PRECEDENT

Section 8128 of FECA provides that the Secretary of Labor may review an award for or against payment of compensation at any time on his or her own motion or on application.<sup>7</sup> The Board has upheld OWCP's authority to reopen a claim at any time on its own motion under section 8128 of FECA and, where supported by the evidence, set aside or modify a prior decision and issue a new decision.<sup>8</sup> The Board has noted, however, that the power to annul an award is not an arbitrary one and that an award for compensation can only be set aside in the manner provided by the compensation statute.<sup>9</sup>

Workers' compensation authorities generally recognize that compensation awards may be corrected, in the discretion of the compensation agency and in conformity with statutory provision, where there is good cause for so doing, such as mistake or fraud. It is well established that, once OWCP accepts a claim, it has the burden of justifying the termination or modification of compensation benefits. This holds true where, as here, OWCP later decides that it erroneously accepted a claim. In establishing that its prior acceptance was erroneous, OWCP is required to provide a clear explanation of the rationale for rescission.<sup>10</sup>

## ANALYSIS

On July 31, 2014 appellant filed a traumatic injury claim alleging that on June 9, 2014 she sustained a right upper extremity condition. She indicated that she experienced pain and numbness in her right palm and wrist when she was typing on that date.<sup>11</sup> OWCP accepted that appellant sustained aggravation of preexisting right carpal tunnel syndrome, right de Quervain's tenosynovitis, and aggravation of preexisting osteoarthritis of the first metacarpophalangeal and carpometacarpal joints of her right hand. In a December 3, 2015 decision, it rescinded its acceptance of her claim for these right upper extremity conditions. OWCP indicated that the rescission action was justified by the fact that the medical evidence of record did not contain a rationalized medical opinion relating the accepted employment conditions to specific work factors appellant experienced on June 9, 2014.

The Board finds that OWCP met its burden of proof to terminate its acceptance of appellant's claim for aggravation of preexisting right carpal tunnel syndrome, right de Quervain's tenosynovitis, and aggravation of preexisting osteoarthritis of the first metacarpophalangeal and carpometacarpal joints of her right hand.

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<sup>7</sup> 5 U.S.C. § 8128.

<sup>8</sup> *John W. Graves*, 52 ECAB 160, 161 (2000).

<sup>9</sup> See 20 C.F.R. § 10.610.

<sup>10</sup> *Supra* note 8.

<sup>11</sup> At the time she filed her claim, appellant was not performing her regular dental assistant duties, but rather was working in a sedentary, modified-duty position that involved typing on a computer.

In a CA-16 form report completed on June 9, 2014 by Dr. Reasoner, an attending Board-certified family practitioner, noted his examination of appellant on June 9, 2014 and that she reported developing right wrist pain and hand numbness while working on a computer. He noted that she had preexisting right carpal tunnel syndrome and diagnosed de Quervain's tenosynovitis and exacerbation of degenerative joint disease of the first metacarpophalangeal and carpometacarpal joints. Dr. Reasoner checked a "yes" box indicating that the conditions found were caused or aggravated by the employment activity described.

In rescinding its acceptance of appellant's claim for several right upper extremity conditions, OWCP explained its December 3, 2015 decision that Dr. Reasoner had not provided a rationalized medical opinion relating the diagnosed conditions to the specific work duties she performed on June 9, 2014. The Board has held that when a physician's opinion on causal relationship consists only of checking "yes" to a form question, without more by the way of medical rationale, that opinion has little probative value and is insufficient to establish causal relationship. Appellant's burden includes the necessity of furnishing an affirmative opinion from a physician who supports his or her conclusion with sound medical reasoning.<sup>12</sup> As Dr. Reasoner did no more than check "yes" to a form question, his opinion on causal relationship is of little probative value and is insufficient to show that she sustained employment-related right upper extremity conditions. He did not describe appellant's June 9, 2014 duties in any detail or explain how they could have caused or aggravated the observed medical conditions.

In a June 19, 2014 report, Dr. Reasoner noted that appellant returned for follow up of "injury/pain hand, injury/pain wrist, and work injury" and reported physical examination findings. He diagnosed exacerbation of preexisting right carpal tunnel syndrome, right de Quervain's tenosynovitis, and exacerbation of osteoarthritis the first metacarpophalangeal and carpometacarpal joints of her right hand. In an August 15, 2014 report, Dr. Reasoner indicated in the history section of the report, "[Appellant] has had continued tingling of right hand due to increased typing at work despite wrist brace. [Appellant] has [degenerative joint disease of the first carpometacarpal] joint which has been exacerbated by her work activities." He diagnosed exacerbation of preexisting right carpal tunnel syndrome and exacerbation of osteoarthritis the first metacarpophalangeal and carpometacarpal joints of appellant's right hand. However, as noted by OWCP in its December 3, 2015 rescission decision, Dr. Reasoner did not describe her June 9, 2014 work duties in detail or provide a rationalized medical opinion explaining the medical process through which they could have been related to the diagnosed conditions.

In a report dated June 10, 2014, Dr. Stone, an attending Board-certified family practitioner, reported that, on the prior day, appellant had experienced a sudden onset of pain in the palm of her right hand and burning pain along the extensor tendon from her right thumb to her right forearm while working on a computer. He diagnosed "acute de Quervain's tenosynovitis right thumb, wrist, and forearm that is work related, possibly associated with an aggravation of preexisting [carpal tunnel syndrome]." OWCP noted in its December 3, 2015 rescission decision that Dr. Stone did not provide a rationalized opinion explaining how the observed medical conditions could have been related to appellant's June 9, 2014 work duties.

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<sup>12</sup> *Lillian M. Jones*, 34 ECAB 379, 381 (1982).

Dr. Stone did not describe June 9, 2014 work duties and only generally indicated that the diagnosed conditions were “work related” without further elaborating on the reasons for his opinion. With respect to the carpal tunnel condition, his opinion on causal relationship was speculative in nature. The Board has held that an opinion which is speculative in nature is of limited probative value regarding the issue of causal relationship.<sup>13</sup>

For these reasons, OWCP provided a clear explanation of the rationale for rescinding its acceptance of appellant’s claim for aggravation of preexisting right carpal tunnel syndrome, right de Quervain’s tenosynovitis, and aggravation of preexisting osteoarthritis of the first metacarpophalangeal and carpometacarpal joints of her right hand.<sup>14</sup> Therefore, it justified the rescission of its acceptance of her claim for these right upper extremity conditions.<sup>15</sup>

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.

The Board notes that where an employing establishment properly executes a Form CA-16, which authorizes medical treatment as a result of an employee’s claim for an employment-related injury, the CA-16 form creates a contractual obligation, which does not involve the employee directly, to pay for the cost of the examination or treatment regardless of the action taken on the claim. *See Tracy P. Spillane*, 54 ECAB 608 (2003). The period for which treatment is authorized by a CA-16 form is limited to 60 days from the date of issuance, unless terminated earlier by OWCP. *See* 20 C.F.R. § 10.300(c).

### **CONCLUSION**

The Board finds that OWCP met its burden of proof to rescind its acceptance of appellant’s claim for several right upper extremity conditions.

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<sup>13</sup> *See Leonard J. O’Keefe*, 14 ECAB 42, 48 (1962); *James P. Reed*, 9 ECAB 193, 195 (1956).

<sup>14</sup> OWCP noted in its December 3, 2015 rescission decision that appellant was provided an opportunity to submit a rationalized medical report on the matter of causal relationship but failed to do so.

<sup>15</sup> *See supra* note 8.

**ORDER**

**IT IS HEREBY ORDERED THAT** the December 3, 2015 decision of the Office of Workers' Compensation Programs is affirmed.

Issued: June 9, 2016  
Washington, DC

Colleen Duffy Kiko, Judge  
Employees' Compensation Appeals Board

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

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