

**United States Department of Labor
Employees' Compensation Appeals Board**

J.J., Appellant

and

**U.S. POSTAL SERVICE, POST OFFICE,
NORTH METRO, GA, Employer**

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**Docket No. 15-0475
Issued: September 28, 2016**

Appearances:
*Paul Felser, Esq., for the appellant*¹
Office of Solicitor, for the Director

Case Submitted on the Record

DECISION AND ORDER

Before:

PATRICIA H. FITZGERALD, Deputy Chief Judge
COLLEEN DUFFY KIKO, Judge
ALEC J. KOROMILAS, Alternate Judge

JURISDICTION

On December 29, 2014 appellant, through counsel, filed a timely appeal from September 5, October 14, and December 3, 2014 merit decisions of the Office of Workers' Compensation Programs (OWCP). Pursuant to the Federal Employees' Compensation Act² (FECA) and 20 C.F.R. §§ 501.2(c) and 501.3, the Board has jurisdiction over the merits of this case.³

¹ In all cases in which a representative has been authorized in a matter before the Board, no claim for a fee for legal or other service performed on appeal before the Board is valid unless approved by the Board. 20 C.F.R. § 501.9(e). No contract for a stipulated fee or on a contingent fee basis will be approved by the Board. *Id.* An attorney or representative's collection of a fee without the Board's approval may constitute a misdemeanor, subject to fine or imprisonment for up to one year or both. *Id.*; *see also* 18 U.S.C. § 292. Demands for payment of fees to a representative, prior to approval by the Board, may be reported to appropriate authorities for investigation.

² 5 U.S.C. § 8101 *et seq.*

³ The Board notes that appellant submitted additional evidence following the December 3, 2014 decision. Since the Board's jurisdiction is limited to evidence that was before OWCP at the time it issued its final decision, the Board may not consider this evidence for the first time on appeal. *See* 20 C.F.R. § 501.2(c); *Sandra D. Pruitt*, 57 ECAB 126 (2005). Appellant may submit that evidence to OWCP along with a request for reconsideration.

ISSUES

The issues are: (1) whether OWCP met its burden of proof to terminate appellant's wage-loss and compensation benefits effective September 23, 2013 as she no longer had any residuals or disability causally related to her accepted employment injuries; and (2) whether appellant has established continuing disability causally related to her federal employment after September 23, 2013.

FACTUAL HISTORY

On October 2, 2012 appellant, then a 49-year-old mail processing clerk, filed a traumatic injury claim (Form CA-1) and alleged that on October 1, 2012 she experienced pain in her right shoulder while scanning parcels. The employing establishment controverted her claim alleging that there was no medical evidence to support her injury. Appellant stopped work on October 4, 2012.

Appellant was initially treated by Dr. A. Akintoye, a Board-certified internist, for complaints of severe neck pain radiating into her right arm with numbness and tingling. In a November 15, 2012 report, Dr. Akintoye related that the pain began in October 2012 and described her work duties. Upon examination, he observed cervical spine tenderness and marked pain and restriction of cervical motion. Dr. Akintoye also noted muscle spasms of the right-sided paraspinal and trapezius muscle and hyperesthesia to touch of the entire right arm. He stated that a magnetic resonance imaging (MRI) scan of appellant's neck showed a disc herniation/extrusion at C5-6 with significant displacement and compression of her spinal cord. Dr. Akintoye diagnosed cervical disc herniation, spinal cord compression, spinal cord displacement, spinal stenosis, cervical radiculopathy and disc protrusion, and right shoulder sprain. He opined that appellant's medical conditions were directly caused by the October 1, 2012 work injury and that she was unable to work due to the fact that she was unable to lift with her right arm.

On November 27, 2012 OWCP accepted appellant's claim for displacement of cervical intervertebral disc without myelopathy and right shoulder sprain. It paid appropriate medical and disability compensation benefits.

In a March 12, 2013 report, Dr. Jeff Traub, a Board-certified orthopedic surgeon, examined appellant for a follow up of an October 2012 work injury. He noted that in November 2012 an MRI scan examination revealed a herniated disc at the C5-6 level. Dr. Traub reported that appellant was out of work and observed by the employing establishment of performing activities outside her physical limitations. He noted that appellant was unable to complete a functional capacity evaluation (FCE) because her blood pressure was too high and she could not continue. Upon examination, Dr. Traub observed swelling and muscle spasm in her neck. He noted that all the rest of appellant's complaints were subjective. Dr. Traub reported that objectively, she had a herniated disc at C5-6 with some degenerative changes as shown by the MRI scan. He explained that "more likely than not these degenerative changes and even the herniated dis[c] likely preceded [appellant's] injury at work. The injury at work at most aggravated a preexisting condition...." Dr. Traub recommended that appellant remain off work until an FCE could be performed.

On April 25, 2013 OWCP referred appellant, along with a statement of accepted facts (SOAF) and the medical record, to Dr. Alexander N. Doman, a Board-certified orthopedic surgeon, for a second opinion examination to determine the extent of her accepted employment-related injuries and any continuing disability. The SOAF noted that an investigation had been conducted by the employing establishment's Office of Inspector General (OIG) and surveillance video evidence was obtained, which demonstrated her ability to perform various physical activities without limitation. These activities included wearing a satchel bag over appellant's body, carrying shopping bags and apparel, fully extending a trunk lid, reaching onto roof of car, pumping gas into her tank, turning over a trash container, and pulling the trash container behind her.

In a May 29, 2013 report, Dr. Doman provided results of an examination on May 21, 2013. He reviewed appellant's medical record, the SOAF, and the video surveillance tape and provided an accurate history of the October 1, 2012 injury. Upon examination, Dr. Doman observed no evidence of swelling of her neck or shoulder with no neurologic deficits. Deep tendon reflexes were normal. He also noted full range of motion of the left and right shoulder with no evidence of rotator cuff weakness or shoulder instability and reported that x-rays of the right shoulder revealed normal acromioclavicular (AC) joint and that x-rays of the cervical spine showed evidence of degenerative disc disease at C4 to C6.

Dr. Doman opined that appellant's work-related cervical and right shoulder conditions had resolved and were no longer active. He noted that according to the surveillance video she had no difficulty with activities of a broad nature. Dr. Doman further explained that there was no reasonable likelihood that the work duties appellant described had resulted in injury. He pointed out that the x-rays showed no objective evidence of any ongoing shoulder difficulty. Dr. Doman stated that appellant was not currently disabled from employment due to the work injury and was capable of performing the duties of a processing mail clerk.

On June 17, 2013 a copy of Dr. Doman's report was sent to Dr. Traub.

On June 27, 2013 appellant underwent an FCE by Dana L. Davis, a physical therapist, who determined that appellant was capable of performing her job with restrictions of lifting, carrying, or pushing no more than 15 pounds, no pulling or reaching above shoulder, and limited repeated bending.

On June 24, 2013 appellant submitted claims for disability (Form CA-7) to OWCP, which were received on July 2, 2013. In support of her claims, she included a copy of Dr. Doman's May 29, 2013 report.

On August 9, 2013 OWCP proposed to terminate appellant's compensation and medical benefits based on Dr. Doman's May 29, 2013 report, which found that her employment-related injuries had resolved and that she was capable of returning to work. It determined that the weight of medical evidence rested with Dr. Doman who determined that she no longer suffered residuals of her October 1, 2012 employment-related injuries and was able to return to work.

In an August 17, 2013 report, Dr. Traub stated that appellant was not cleared for work because her FCE was not approved and noted that he clearly authorized her to return to light duty with restrictions of no repetitive overhead motion and no lifting greater than 15 pounds. He

reported that she had muscular spasm in her trapezius muscles and he opined that surgery would not be beneficial for her. Dr. Traub stated that he was going to fill out and fax the paperwork again to OWCP.

In August 27 and September 5, 2013 work capacity evaluations, Dr. Traub indicated that appellant was not capable of returning to her usual job and required restrictions of no lifting more than 15 pounds and no repetitive lifting. He noted that she reached maximum medical improvement.

In a September 5, 2013 statement, appellant noted that on October 1, 2012 she injured her neck and shoulder at the employing establishment as a result of lifting and moving heavy equipment. She related that, due to the injury, she experienced pain, swelling, and muscle spasms in her neck and shoulder. Appellant stated that her physician, Dr. Traub, authorized her to return to work with restrictions.

By decision dated September 23, 2013, OWCP finalized the termination of appellant's compensation and medical benefits effective September 23, 2013. It determined that the weight of the medical evidence rested with Dr. Doman's May 29, 2013 report, which determined that her employment-related injuries had resolved and that she was capable of returning to full duty.

On November 21, 2013 OWCP received appellant's request for an oral hearing.

In a letter dated February 10, 2014, appellant through counsel, Paul H. Felser, requested copies of the surveillance video that had been provided to Dr. Doman for his second opinion examination. Mr. Felser alleged that OWCP's termination was improper because OWCP had failed to provide copies of the investigative materials to appellant.

On March 11, 2014 OWCP sent a copy of the surveillance video to appellant's counsel.

On April 2, 2014 OWCP received appellant's request for reconsideration. Appellant contended that she wanted to rescind her request for an oral hearing and request reconsideration. She reported that her claim was denied because the physician had failed to provide medical documentation. Appellant believed, however, that her physician had submitted documentation after Dr. Doman's report. She contended that a conflict in medical evidence existed and that she should have been given a referee opinion. Appellant noted that she was providing additional medical documentation from another medical physician regarding her injuries. She also resubmitted the June 27, 2013 FCE report.

In a March 24, 2014 report, Dr. Zouheir Shama, a general surgeon, related that appellant had worked for the postal service since 1993 and described her duties as a distribution clerk. He provided an accurate history of the October 1, 2012 injury and reviewed the medical treatment she received. Dr. Shama noted that appellant's compensation benefits were terminated after Dr. Doman's second opinion examination and review of a videotape by the OIG.

Dr. Shama reported that appellant complained of pain in the right shoulder, neck, and right arm. Upon examination, he observed tenderness of her right shoulder over the bicipital groove. Abduction of the right arm was 120 (normal 180) and revealed pain with movement. Dr. Shama diagnosed cervical strain, shoulder strain, and displacement of cervical intervertebral disc. He opined that, based on a review of appellant's job duties, physical examination, and past

injury, she required further treatment because her job was aggravating her pain by lifting, placing weight, or moving the shoulder. Dr. Shama reported that he reviewed the OIG surveillance video tape and explained that the activities identified on the tape did not amount to an eight-hour shift at work and the continual use of her extremities consistent with work. He stated that appellant would benefit from physical therapy and medications for pain.

By decision dated April 21, 2014, OWCP denied modification of the September 23, 2013 termination decision.

In a May 1, 2014 MRI scan of the right shoulder, Dr. Johnny Alexander, a Board-certified diagnostic radiologist, reported a normal MRI scan of the right shoulder.

In a May 1, 2014 MRI scan of the cervical spine, Dr. Alexander observed multilevel degenerative changes including prominent diffuse disc bulge with superimposed protrusion, prominent broad-based disc herniation resulting in mild compression of anterior aspect of the cord and mild central canal, and mild bilateral foraminal stenosis without nerve root compression at C6-7.

On May 14 and June 24, 2014 OWCP received appellant's requests for reconsideration.

In a May 13, 2014 report, Dr. Shama described appellant's October 1, 2012 employment injury and noted that her claim was accepted for displacement of cervical intervertebral disc and right shoulder sprain. He reported that he had not diagnosed pain, but that pain was the mechanism by which she described the nature of her injury. Dr. Shama stated that although he based a portion of his conclusion on appellant's subjective complaints he also performed a physical evaluation and requested additional diagnostic testing. He related that the MRI scan of the cervical spine revealed bulging disc at C4-5, mild central canal stenosis at C5-6 and C6-7, broad-based disc herniation at C6-7, and mild bilateral foraminal stenosis at C6-7. Dr. Shama diagnosed cervical disc displacement and sprain AC joint.

Dr. Shama advised that, upon examination of appellant and review of the May 1, 2014 MRI scan, he believed that she still suffered residuals of her October 1, 2012 injury. He explained that the cervical pain was radicular and was being transferred to her right shoulder and neck. Dr. Shama noted that appellant was required to utilize her shoulders and neck in performing the scanning duties at the postal service and that, although she was seen using her right shoulder to close the trunk of her vehicle or do minimal lifting, these functions did not last longer than seconds. He explained that his review of the videotape demonstrated that any prolonged carrying or lifting was not done with the right shoulder, but with the left. Dr. Shama reported that appellant did not violate any reasonable medical restrictions by the momentary use of her right shoulder. He opined that she was not able to perform any prolonged duties using her right hand and shoulders. Dr. Shama stated that appellant's pain associated with her neck was radicular in nature and transferred pain to her right shoulder.

Appellant submitted a May 22, 2014 letter from the employing establishment providing information and the proper forms on how to file a complaint for discrimination with the Equal Employment Opportunity Commission.

In a June 15, 2014 statement, Samuel L. Lovett, appellant's then representative, requested that appellant's OWCP benefits be restored. He reported that, although she had been removed

from her employment, there was no evidence that she attempted to defraud the employing establishment or violated any postal regulations, rules, policy, or restriction violation. Mr. Lovett stated that the surveillance video by OIG did not show any workplace or restriction violations by appellant. He contended that OWCP and OIG violated her due process when they made a decision in her workers' compensation case based on photos and videos that she did not have an opportunity to discredit or explain. Mr. Lovett alleged that, even if appellant was removed from employment "for cause," it should have no effect on her OWCP compensation benefits.

In a June 24, 2014 report, Dr. Shama stated that appellant was examined for follow up of her October 1, 2012 employment injury. He noted her complaints of right shoulder, right arm, and neck pain. Upon examination, Dr. Shama observed limited range of motion and provided range of motion findings for the right shoulder and cervical spine. He reported that appellant continued to experience pain in movement and sometimes during and after physical therapy. Paravertebral muscle spasms of the cervical spine were moderate. Dr. Shama related that an MRI scan of the cervical spine revealed degenerative spine with central canal stenosis. He reported that appellant's diagnosis remained the same.

In an August 19, 2014 report, Dr. Shama conducted a follow-up examination of appellant's cervical spine. He noted the positive MRI scan findings for degenerative spine and provided range of motion findings. Dr. Shama stated that he was dealing with a cervical spine with central canal stenosis as last seen on the latest MRI scan. He reported that appellant showed improvement with physical therapy.

In a decision dated September 5, 2014, OWCP denied modification of the termination decision.

On September 16, 2014 appellant again requested reconsideration. She stated that her claim was closed because of a misrepresentation of her medical condition in a surveillance tape by the OIG. Appellant pointed out that both Drs. Traub and Shama had reviewed the surveillance video, evaluated her, and determined that she still had residuals of her employment-related injury. She alleged that her case should be reopened or at least sent to a referee opinion due to a conflict in medical reports. Appellant noted that she was submitting new medical evidence to address the issue of causal relationship.

In a September 16, 2014 report, Dr. Shama stated that he was responding to the September 5, 2014 denial decision. He noted that appellant had worked as a distribution clerk for the employing establishment since 1993 and described her work duties. Dr. Shama related that on October 1, 2012 she sustained a work-related injury that was accepted for cervical disc displacement and right shoulder sprain. He reported that appellant's compensation was terminated after a second opinion examiner, who reviewed a surveillance video of her by the OIG, concluded that her injuries had resolved.

Dr. Shama stated that he treated appellant and ordered an MRI scan, which confirmed his objective medical findings upon examination that she continued to have residuals as a result of her on-the-job injury. He explained that she worked as a distribution clerk whose duties consisted of lifting, bending, stooping, carrying, pushing, and pulling. Dr. Shama reported that as a result appellant was required to use her shoulders when she distributed mail in a repetitive

nature. He stated that she was required to perform the lifting, carrying, pushing, pulling, and sorting duties on a daily basis. Dr. Shama opined that appellant's work aggravated the injury to her neck and shoulder. He concluded that she continued to have residuals of her October 1, 2012 employment injury and was not able to perform the repetitive work with her shoulder. Dr. Shama explained that there were positive objective findings from the May 1, 2014 MRI scan and these were confirmed during his examination, which demonstrated that appellant was unable to perform repetitive distribution of mail. He recommended that she see an orthopedic surgeon to determine whether surgical intervention was needed.

By decision dated October 10, 2014, OWCP denied modification of the termination decision.

On November 3, 2014 appellant again requested reconsideration. She alleged that OWCP had not met its burden of proof to terminate her claim because Dr. Doman's second opinion report clearly showed that his opinion was entirely influenced by the OIG surveillance video. Appellant also noted that although Dr. Traub reported her degenerative changes he also concluded that her injury at work aggravated her preexisting condition and was thus compensable. She also questioned why OWCP decided to place the special weight of medical opinion on the physician to whom she had the least exposure as opposed to Drs. Traub and Shama who treated her repeatedly.

Appellant resubmitted Dr. Traub's March 12, 2013 medical report and May 1, 2014 MRI scan reports.

In an October 27, 2014 report, Dr. Shama stated that he was responding to the October 10, 2014 denial decision. He again reviewed appellant's employment duties and provided an accurate history of the October 1, 2012 employment injury. Dr. Shama noted that his claim had been accepted for cervical disc displacement and right shoulder sprain. He also related that OWCP's second opinion physician decided that appellant's injuries had resolved based on a surveillance video by the OIG.

In a decision dated December 3, 2014, OWCP denied modification of its October 10, 2014 denial decision.

LEGAL PRECEDENT -- ISSUE 1

Pursuant to FECA, once OWCP accepts a claim and pays compensation, it has the burden of justifying termination or modification of an employee's benefits.⁴ OWCP may not terminate compensation without establishing that the disability had ceased or that it was no longer related to the employment.⁵ OWCP's burden of proof includes the necessity of furnishing rationalized medical opinion evidence based on a proper factual and medical background.⁶ The right to medical benefits for an accepted condition is not limited to the period of entitlement for

⁴ *S.F.*, 59 ECAB 642 (2008); *Kelly Y. Simpson*, 57 ECAB 197 (2005); *Paul L. Stewart*, 54 ECAB 824 (2003).

⁵ *Jason C. Armstrong*, 40 ECAB 907 (1989); *Charles E. Minnis*, 40 ECAB 708 (1989); *Vivien L. Minor*, 37 ECAB 541 (1986).

⁶ *See Del K. Rykert*, 40 ECAB 284, 295-96 (1988).

disability compensation.⁷ 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.⁸

ANALYSIS -- ISSUE 1

OWCP accepted appellant's traumatic injury claim for displacement of cervical intervertebral disc without myelopathy and right shoulder sprain as a result of an October 1, 2012 employment injury. Appellant stopped work and received wage-loss disability compensation and medical benefits.

Appellant was initially treated by Drs. Akintoye and Traub who noted that prior to her October 1, 2012 employment injury she suffered from a preexisting degenerative cervical condition, as confirmed by a November 5, 2012 MRI scan. In a March 12, 2012 report, Dr. Traub examined her for a follow up of an October 2012 work injury. He observed swelling and muscle spasm in appellant's neck and reported that she had a herniated disc at C5-6 with some degenerative changes, as shown by an MRI scan. Dr. Traub explained that her degenerative changes and the herniated disc most likely preceded her injury at work. He opined that appellant's work injury aggravated the preexisting conditions. In an August 17, 2013 report, Dr. Traub authorized her to return to light duty with restrictions of no repetitive overhead motion and no lifting greater than 15 pounds.

On April 25, 2013 OWCP referred appellant to Dr. Doman for a second opinion regarding the status of her accepted conditions. In a May 29, 2013 report, Dr. Doman reviewed her history, including the SOAF and the surveillance video tape, and described the October 1, 2012 employment injury. He conducted an examination and noted no evidence of swelling of appellant's neck or shoulder. Dr. Doman also reported that deep tendon reflexes were normal. He observed full range of motion of both shoulders with no evidence of rotator cuff weakness or shoulder instability. Dr. Doman stated that review of the OIG surveillance video revealed that appellant had no difficulty with activities of a broad nature. He opined that her work-related cervical and right shoulder conditions had resolved and were no longer active. Dr. Doman stated that appellant was not currently disabled from employment due to the work injury and was capable of performing the duties of a processing mail clerk. Accordingly, OWCP terminated her wage-loss compensation and medical benefits effective September 23, 2013.

The Board has held that the weight of the medical opinion is determined by the opportunity for and thoroughness of examination, the accuracy and completeness of the physician's knowledge of the facts of the case, the medical history provided the care of analysis manifested and the medical rationale expressed in support of stated conclusions.⁹ In this case, Dr. Doman discussed the history of injury and explained that there were no objective findings to establish that appellant had any continuing employment-related residuals or disability causally related to her October 1, 2012 employment injury. The Board finds that his opinion is detailed,

⁷ *A.P.*, Docket No. 08-1822 (issued August 5, 2009); *T.P.*, 58 ECAB 524 (2007); *Kathryn E. Demarsh*, 56 ECAB 677 (2005).

⁸ *A.P.*, *id.*; *James F. Weikel*, 54 ECAB 660 (2003); *Pamela K. Guesford*, 53 ECAB 727 (2002).

⁹ *See K.W.*, 59 ECAB 271 (2007); *Ann C. Leanza*, 48 ECAB 115 (1996).

well rationalized, and based upon a complete and accurate history and thorough clinical examination. Accordingly, the Board finds that OWCP properly accorded the weight of the medical evidence to Dr. Doman who found that appellant no longer had any residuals or disability from her accepted cervical and right shoulder conditions.

On appeal, appellant alleges that she was not shown the OIG surveillance video before it was shown to her physicians and that Dr. Doman did not conduct an examination of her, but made his recommendations based solely on the OIG surveillance video. She also alleges that OWCP did not allow her to view the video before it was shown to her physicians. The Board notes that appellant would have been aware of the video on or around June 17, 2013 when OWCP forwarded a copy of Dr. Doman's May 29, 2013 report (which discussed the video) to appellant's treating physician, Dr. Traub, prior to the termination. Further, on July 2, 2013 appellant submitted a copy of Dr. Doman's report to OWCP in support of her CA-7 form claims for disability prior to the September 23, 2013 termination decision. She did not request a copy of the surveillance video. Appellant later obtained counsel and he requested a copy of the video on February 10, 2014. A copy was provided to counsel on March 11, 2014. OWCP has the responsibility to make the claimant aware of videotape evidence it has provided to a medical expert. It properly did so here by providing a copy of Dr. Doman's May 29, 2013 report to appellant's treating physician. The evidence reflects that appellant obtained a copy of that report from her treating physician because she included a copy of his May 29, 2013 report (which discussed the surveillance video evidence) in her June 24, 2013 submission to OWCP. If she requests a copy of the videotape, one should be made available and the employee given a reasonable opportunity to offer any comment or explanation regarding the accuracy of the recording.¹⁰ In this case, appellant did not request a copy of the surveillance video until after the termination. Once she requested the video, it was provided to her. The Board finds that OWCP properly handled the video evidence.

The Board thus finds that OWCP met its burden of proof to terminate appellant's compensation benefits on September 23, 2013.

LEGAL PRECEDENT -- ISSUE 2

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

ANALYSIS -- ISSUE 2

The Board further finds that appellant has not established any continuing residuals or disability, after September 23, 2013, causally related to the October 1, 2012 employment injury. Following OWCP's termination decision, she submitted various reports by Dr. Shama dated March 24 to October 27, 2014, in which he described her work duties at the employing establishment and the October 1, 2012 injury. Dr. Shama noted that he treated appellant for

¹⁰ *J.M.*, 58 ECAB 478, 486 (2007).

continued complaints of pain in the right shoulder, neck, and right arm. Upon examination, he observed tenderness of her right shoulder over the bicipital groove and pain with movement. Abduction was 120 degrees. Dr. Shama diagnosed cervical strain, shoulder strain, and displacement of cervical intervertebral disc. He opined that appellant required further treatment because her job was aggravating her pain. Dr. Shama reported that he reviewed the OIG surveillance tape and explained that the activities identified on the tape were not equivalent to an eight-hour shift at work and the continual use of her extremities consistent with work. In subsequent reports he continued to provide clinical examination findings of limited range of motion of the right shoulder and cervical spine. In an October 1, 2012 report, Dr. Shama described appellant's repetitive duties as a distribution clerk and opined that the work aggravated the injury to her neck and shoulder. He noted that positive objective findings from the May 1, 2014 MRI scan and his examination demonstrated that she was unable to perform repetitive distribution of mail. Dr. Shama concluded that appellant continued to have residuals of her October 1, 2012 employment injury and was not able to perform the repetitive work with her shoulder.

The Board notes that although Dr. Shama attributed appellant's inability to work to her shoulder and cervical conditions, he failed to explain based on medical rationale how she was unable to work as a result of her October 1, 2012 employment injury. More specifically, Dr. Shama did not address whether her current complaints were related to her accepted employment injury or her degenerative cervical condition.¹¹ He fails to adequately explain, based on medical rationale, how appellant's preexisting condition continued to be aggravated as a result of the October 1, 2012 employment incident. Rather, Dr. Shama attributes it to the repetitive duties of her job. The Board has found that medical evidence that states a conclusion, but does not offer any rationalized medical explanation is of limited probative value.¹² Appellant contends that Dr. Shama's medical reports establish that she continued to suffer residuals from her initial injury and create a medical conflict with Dr. Dorman's opinion. As noted above, however, Dr. Shama's reports lacked sufficient probative value to establish that appellant's current conditions were causally related to the specific October 1, 2012 employment injury or to create a conflict in medical opinion.¹³

OWCP also received further diagnostic studies following the termination of compensation, including May 1, 2014 MRI scan studies of appellant's right shoulder and cervical spine. The May 1, 2014 MRI scans revealed a normal right shoulder and multilevel degenerative changes of the cervical spine. However, these studies provided no opinion regarding appellant's disability status.

The Board finds that appellant has not submitted sufficient medical evidence to establish that she continues to suffer residuals of her accepted October 1, 2012 cervical and right shoulder injuries. Appellant has not established that she had any continuing disability after September 23, 2013.

¹¹ See Federal (FECA) Procedure Manual, Parts 2 -- Claims, *Causal Relationship*, Chapter 2.805.3(e) (January 2013).

¹² *J.F.*, Docket No. 09-1061 (issued November 17, 2009); *A.D.*, 58 ECAB 149 (2006).

¹³ See *T.C.*, Docket No. 12-444 (issued August 1, 2012); see also *B.P.*, Docket No. 08-1457 (issued February 2, 2009); *Gloria J. Godfrey*, 52 ECAB 486 (2001).

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 justify termination of appellant's wage-loss compensation and medical benefits effective September 23, 2013 and she has not established her entitlement to continuing disability benefits.

ORDER

IT IS HEREBY ORDERED THAT the December 3, October 14, and September 5, 2014 decisions of the Office of Workers' Compensation Programs are affirmed.

Issued: September 28, 2016
Washington, DC

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

Colleen Duffy Kiko, Judge
Employees' Compensation Appeals Board

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