

OWCP abused its discretion by denying authorization of appellant's October 22, 2012 left knee surgery.

FACTUAL HISTORY

This case has previously been before the Board.³ The facts and circumstances as presented in the Board's prior decisions are incorporated herein by reference. The relevant facts are as follows.

OWCP accepted that, on October 5, 2009, appellant, then a 34-year-old letter carrier, sustained a medial meniscus tear of her left knee due to a fall down stairs at work. OWCP assigned the claim OWCP File No. xxxxxx003. Appellant stopped work on October 5, 2009 and OWCP paid her disability compensation on the daily rolls commencing November 20, 2009.

On January 12, 2010 Dr. Jeffrey F. Augustin, an attending Board-certified orthopedic surgeon, performed a left knee arthroscopy with lateral meniscectomy and excision of plica. The surgery was approved by OWCP.⁴

By decision dated June 17, 2010, OWCP terminated appellant's wage-loss compensation and medical benefits effective June 17, 2010 because she ceased to have residuals from her October 5, 2009 work injury as of that date. It based its termination action on a May 3, 2010 report of Dr. Augustin and a May 10, 2010 report of Dr. Jerome D. Rosman, a Board-certified orthopedic surgeon, who served as an OWCP referral physician. By decision dated November 17, 2010, OWCP modified its June 17, 2010 termination decision to reflect that only appellant's wage-loss compensation was terminated, effective June 17, 2010. It explained that the May 12, 2010 notice of proposed termination failed to mention that medical benefits related to the October 5, 2009 work injury would be terminated.

On June 21, 2012 appellant filed a traumatic injury claim (Form CA-1) alleging that she injured her left knee while at work on June 20, 2012 when she stepped down off a curb. She indicated that she felt a tug and twist in her knee and heard a popping sound. OWCP assigned the claim OWCP File No. xxxxxx402.⁵

By decision dated August 9, 2012, OWCP denied appellant's claim for a June 20, 2012 traumatic injury in OWCP File No. xxxxxx402 because she failed to establish the medical component of fact of injury.

On October 22, 2012 Dr. Allen Glushakow, an attending Board-certified orthopedic surgeon, performed left knee surgery, including abrasion arthroplasty, chondroplasty, arthrotomy,

³ Docket Nos. 14-1187 and 14-1215 (issued February 2, 2015); Docket No. 17-1319 (issued December 7, 2017).

⁴ OWCP paid appellant received disability compensation on the periodic rolls commencing March 14, 2010.

⁵ This claim was initially developed under OWCP File No. xxxxxx402, but beginning in early 2013, the documents for this claim were administratively combined by OWCP with OWCP File No. xxxxxx003, the file created for appellant's October 5, 2009 employment injury. OWCP has designated OWCP File No. xxxxxx003 as the master file.

and partial lateral meniscectomy. He noted that during the surgery he observed an effusion, an osteochondral fracture of the medial femoral condyle, and an acute tear of the lateral meniscus. The surgery was not authorized by OWCP.

By decision dated February 20, 2013, a representative of OWCP's Branch of Hearings and Review modified OWCP's August 9, 2012 decision to accept the condition of left knee sprain as occurring on June 20, 2012 "with entitlement to medical benefits being limited to the claimant's emergency room visit on June 20, 2012." OWCP's hearing representative noted, "The district [office's] denial of the claim for any other left knee condition and for benefits subsequent to June 20, 2012 is affirmed."

By decision dated April 30, 2013, OWCP advised appellant that her claim for a traumatic injury on June 20, 2012 was formally accepted for a left knee sprain. It noted that, per the February 20, 2013 decision of OWCP's hearing representative, authorization for medical treatment was limited to treatment at the emergency room on June 20, 2012. OWCP further noted, "If the current accepted condition(s) need to be revised or additional complications related to the current accepted condition(s) need to be added, your physician should explain in writing, with medical rationale, the relationship between any additional condition and the work injury or the current accepted condition(s) noted above."

On May 10, 2013 appellant filed claims for compensation (Form CA-7) for the periods June 21 through October 21, 2012 and October 22, 2012 through March 18, 2013.⁶ The first period of compensation was filed under OWCP File No. xxxxxx402 and the latter period under OWCP File No. xxxxxx003. With respect to the period, June 21 through October 21, 2012, OWCP advised appellant by letter dated May 13, 2013 that she should pursue her appeal rights associated with the February 20, 2013 decision.

In an informational letter dated June 10, 2013, OWCP advised appellant that her claim for compensation for the period October 22, 2012 to March 18, 2013 was not payable. It explained to her that, in its November 17, 2010 decision, it had terminated her wage-loss compensation effective June 17, 2010.

In a July 17, 2013 letter received on that date, counsel, on behalf of appellant, sought compensation for her October 22, 2012 left knee surgery and any periods of disability related to her accepted work-related knee condition. He noted, "[Appellant] underwent surgery by Dr. Glushakow under the above file in October 2012. Clearly, this is new evidence and was not available on June 17, 2010. Appellant is now disabled as a result of the effects of the surgery."⁷

By decision dated November 14, 2013, OWCP denied appellant's July 17, 2013 reconsideration request, finding that it was untimely filed with respect to the November 17, 2010 decision and failed to demonstrate clear evidence of error. It indicated that the June 10, 2013

⁶ The employing establishment advised OWCP that appellant's employment had been terminated, effective November 27, 2012, due to the expiration of her appointment.

⁷ Counsel also stated that he wished to appeal June 17, 2010 and June 10, 2013 decisions of OWCP. As noted herein, the June 10, 2013 document was an informational letter rather than a final decision of OWCP.

“decision” for which she was considered to have requested reconsideration was an informational letter rather than a final decision of OWCP, and therefore, she could not request reconsideration of that decision. OWCP further noted, “Your attorney does not argue that the decision dated November 17, 2010 was incorrect when it was issued.”

On January 10, 2014 appellant filed a notice of recurrence (Form CA-2a) under OWCP File No. xxxxxx402 for disability from work commencing June 21, 2012 due to her work-related left knee condition. On January 30, 2014 she filed a notice of recurrence under OWCP File No. xxxxxx003 for a recurrence of disability commencing October 22, 2012 due to her work-related left knee condition.

In a March 5, 2014 letter received on that date, counsel requested reconsideration on behalf of appellant and indicated that he was submitting evidence which he felt supported coverage of her October 22, 2012 surgery. In the attached June 25, 2013 report, Dr. Glushakow explained why he felt that appellant’s need for repeat left knee surgery on October 22, 2012 was due to her June 20, 2012 injury rather than an earlier injury. He noted that, while the October 22, 2012 operative report did not show a tear of the medial meniscus, there was an effusion and osteochondral fracture of the medial femoral condyle, as well as an acute tear of the lateral meniscus. Dr. Glushakow advised that marked synovitis was noted which required a subtotal synovectomy, all of which was described in the operative report. He indicated that appellant had fully recovered from the January 12, 2010 surgery and that prior operative reports did not note an osteochondral fracture and did not note synovitis. Dr. Glushakow indicated, “Therefore, the combination of these findings point to the cause of [appellant’s] surgery being the incident of June 20, 2012.”

By decision dated March 19, 2014, OWCP denied appellant’s March 5, 2014 request for reconsideration, finding that it was untimely filed and failed to demonstrate clear evidence of error in OWCP’s prior decisions, including its decision dated April 30, 2013.

Appellant appealed her case to the Board and, in a February 2, 2015 decision,⁸ the Board set aside OWCP’s November 14, 2013 and March 19, 2014 decisions, and remanded the case to OWCP for further development. The Board found that OWCP improperly determined that counsel’s communications on behalf of appellant constituted a request for reconsideration of its November 17, 2010 decision, which modified its June 17, 2010 termination decision to reflect that only her wage-loss compensation was terminated effective June 17, 2010. The Board found that counsel expressly sought compensation for her October 22, 2012 left knee surgery and any periods of disability related to her accepted left knee condition(s). Consequently, OWCP improperly analyzed appellant’s case and wrongly determined, in its November 14, 2013 and March 19, 2014 decisions, that she filed an untimely request for reconsideration and failed to demonstrate clear evidence of error in its November 17, 2010 decision. The Board found that appellant had an outstanding claim related to her October 22, 2012 left knee surgery and any periods of disability arising after June 21, 2012. The Board remanded the case to OWCP for consideration of that claim and directed OWCP to consider all the relevant documents relating to both appellant’s accepted October 5, 2009 work-related left knee injury and her accepted June 20, 2012 work-related left

⁸ *Supra* note 3.

knee injury. OWCP was directed to issue an appropriate decision on the matter after carrying out this development.

On remand, OWCP issued a June 11, 2015 decision denying appellant's request for authorization of her October 22, 2012 surgery and her claim for a recurrence of disability commencing June 21, 2012. It found that she failed to submit sufficient medical evidence in support of her claim.

Appellant, through counsel, requested a telephonic hearing with a representative of OWCP's Branch of Hearings and Review. Prior to the hearing, OWCP's hearing representative conducted a preliminary review and determined, in a January 8, 2016 decision, that OWCP's June 11, 2015 decision must be set aside and the case remanded to OWCP for further development. She indicated that the case should be forwarded to an OWCP medical adviser to address Dr. Glushakow's medical opinions regarding the October 22, 2012 surgery and to discuss whether there were additional medical conditions causally related to the work injury of June 20, 2012. OWCP's hearing representative indicated that OWCP's medical adviser should be asked whether referral to a second opinion examiner would be appropriate. She noted that, after any additional development deemed necessary, OWCP should issue a *de novo* decision as to whether appellant was disabled from work commencing June 21, 2012 and whether the left knee surgery on October 22, 2012 was causally related to the June 20, 2012 work event.

On remand, OWCP determined that appellant and the case record should be referred to a second opinion examiner. A second opinion examination referral was made to Dr. Timothy Henderson, a Board-certified orthopedic surgeon, regarding whether surgery was necessitated by a work-related condition and disability status.

In a November 10, 2016 report, Dr. Henderson advised that the October 22, 2012 surgical procedure was not secondary to the work injury that occurred on October 5, 2009. He indicated that appellant suffered from a lateral meniscus tear,⁹ which was repaired and advised that there was no further need for additional treatment regarding the work injury. Dr. Henderson noted that she appeared to have recently sustained a new injury to her left meniscus, but that this injury would not be a work injury. He indicated that appellant described symptoms of locking in the recent past which did not clinically correlate to the work injury. Dr. Henderson noted that the June 20, 2012 injury caused an aggravation of arthritis, but indicated that the aggravation was temporary and had ceased at this time. He posited that appellant had partial disability related to nonwork-related degenerative changes and advised that she had been able to perform sedentary work since June 21, 2012.

On November 22, 2016 OWCP requested that Dr. Henderson clarify whether it should update the accepted conditions to include aggravation of osteoarthritis in the left knee. In a December 2, 2016 report, Dr. Henderson indicated, "The aggravation of arthritis was temporary and has ceased at this time. I inadvertently stated that this caused a disability during the claimant's employment, when in fact, it was the work incident that caused the disability." Dr. Henderson

⁹ OWCP had accepted appellant's October 5, 2009 injury for left knee "medial" meniscus tear.

advised that the accepted conditions should not be updated to include work-related aggravation of left knee osteoarthritis.

By decision dated December 19, 2016, OWCP found that appellant had not met her burden of proof to establish disability commencing June 21, 2012 due to a work-related condition. It also exercised its discretion and denied authorization for her October 22, 2012 left knee surgery.

On March 9, 2017 counsel, on behalf of appellant, requested reconsideration of OWCP's December 19, 2016 decision. Counsel argued that Dr. Henderson's November 10 and December 2, 2016 reports were not well rationalized as he did not adequately explain why appellant's June 20, 2012 employment injury did not cause disability on or after June 21, 2012 or why the October 22, 2012 surgery was not necessitated by a work-related condition.

By decision dated April 6, 2017, OWCP denied appellant's request for reconsideration of the merits of her claim pursuant to 5 U.S.C. § 8128(a). It found that the argument submitted by counsel on behalf of appellant did not present a new and relevant legal argument.

Appellant appealed OWCP's December 19, 2016 and April 6, 2017 decisions to the Board and, by decision dated December 7, 2017,¹⁰ the Board set aside both decisions and remanded the case to OWCP for further development. The Board found that there was an unresolved conflict in the medical opinion evidence between Dr. Henderson, who served as an OWCP referral physician, and Dr. Glushakow, an attending physician, regarding whether appellant's October 22, 2012 surgery was necessitated by a work-related condition and whether she had disability on or after June 21, 2012 due to a work-related condition. The Board determined that, on remand, appellant and the case record must be referred to an impartial medical specialist for examination and a rationalized medical opinion on these matters. The Board directed OWCP to issue a *de novo* decision regarding appellant's claim after carrying out this development.

On remand, OWCP referred appellant and the case record to Dr. Michael Wujciak, a Board-certified orthopedic surgeon, for an impartial medical examination and opinion regarding whether her October 22, 2012 surgery was necessitated by a work-related condition and whether she established disability on or after June 21, 2012 due to a work-related condition.

In a February 27, 2018 report, Dr. Wujciak discussed appellant's factual and medical history, including the circumstances of her work-related October 5, 2009 and June 20, 2012 left knee injuries, and he reported the findings of the physical examination he conducted on January 10, 2018. He reported that appellant demonstrated full range of motion of her left knee upon distraction. Appellant exhibited diffuse tenderness upon palpation of her left knee but her response was deemed to be exaggerated. Dr. Wujciak noted that appellant did not exhibit ligamentous laxity in her left knee and he generally indicated that her subjective complaints were disproportionately greater than her objective findings. He indicated that, after appellant suffered her October 5, 2009 work-related left knee injury, she had a good result from the January 12, 2010 left knee arthroscopy with lateral meniscectomy and excision of plica. With respect to appellant's June 20, 2012 left knee injury and her October 22, 2012 left knee surgery, Dr. Wujciak indicated that Dr. Glushakow found multiple pathologies during the surgery, including an osteochondral

¹⁰ *Supra* note 3.

fracture of the medial femoral condyle and a tear of the lateral meniscus, but noted that Dr. Glushakow failed to describe these conditions with any detail in his brief surgery report.

Dr. Wujciak further advised that he had reviewed a report of an August 24, 2012 MRI scan of appellant's left knee and indicated that it was out of the ordinary for the study to show that the left lateral meniscus had normal signal intensity and morphology given that a partial lateral meniscectomy was performed on January 12, 2010.¹¹ He asked to review the August 24, 2012 MRI scan in its original hard copy (or on CD), if it was available, and to review any left knee x-rays that were performed. Dr. Wujciak also recommended that the original August 24, 2012 MRI scan be reread by an independent third party. He asserted that, with the present documentation provided, he could not confirm the multiple pathologies observed by Dr. Glushakow during the October 22, 2012 surgery without further objective evidence. In the comments section on page 10 of the report, Dr. Wujciak indicated, "[A] recommendation for the MRI scan of August 24, 2012 to be over-read by an independent agent/radiologist is warranted. Also warranted is new x-ray study of the knees bilaterally [anteroposterior] standing and lateral, tunnel, and skyline view of the left knee, mostly from a forensic perspective."¹²

On March 12, 2018 OWCP requested that Dr. Wujciak provide a supplemental report regarding whether appellant's October 22, 2012 surgery was necessitated by a work-related condition and whether she had disability on or after June 21, 2012 due to a work-related condition.

In a March 13, 2018 report, Dr. Wujciak responded to a question about whether the October 22, 2012 surgery was necessary due to a work-related condition by noting that, based on the materials supplied and reviewed, he was unable to objectively "determine/diagnose the injuries sustained on October 22, 2012." He indicated that it was apparent that no independent "over-read" of the August 24, 2012 MRI scan had been performed. Dr. Wujciak advised that Dr. Glushakow's operative report and office records were insufficient to be used as determinative documentation in an independent evaluation.¹³ He indicated that his "medical/surgical opinions" may or may not alter with receipt of additional materials, including an independent over-read of the August 24, 2012 MRI scan by a Board-certified radiologist, interoperative photographs of the January 12, 2010 and October 22, 2012 surgeries, and treatment records produced between June 20 and July 5, 2012. Dr. Wujciak indicated that reference should be made to the comments on page 10 of his February 27, 2018 report.

OWCP sent Dr. Wujciak a number of treatment records dated between June 20 and July 12, 2012. In a March 15, 2018 report, Dr. Wujciak indicated that he had reviewed the provided records and noted, "My medical/surgical opinions as expressed in my prior report of

¹¹ The case record includes a report of the August 24, 2012 MRI scan which contains an impression of small joint effusion, moderate size popliteal cyst, and no evidence for meniscal tear. The report indicated that the left lateral meniscus had normal signal intensity and morphology.

¹² Dr. Wujciak completed a work capacity evaluation form (Form OWCP-5c) on February 25, 2018 in which he indicated that appellant could perform modified duty for four hours per day.

¹³ Dr. Wujciak indicated "No" in response to a question regarding whether appellant had established total disability on or after June 21, 2012 due to a work-related condition.

February 27, 2018 and addendum of March 13, 2018 remain otherwise unchanged. “Comments” as given on page 10 of prior report remain relevant.”

By decision dated March 23, 2018, OWCP found that appellant failed to meet her burden of proof to establish disability from work commencing June 21, 2012 due to a work-related left knee condition. It also determined that appellant’s October 22, 2012 left knee surgery was not necessitated by a work-related condition. OWCP indicated that the special weight of the medical opinion evidence rested with the well-rationalized opinion of Dr. Wujciak, the impartial medical specialist.

LEGAL PRECEDENT -- ISSUES 1 & 2

An employee seeking benefits under FECA has the burden of proof to establish the essential elements of his or her claim including the fact that the individual is an employee of the United States within the meaning of FECA, that the claim was timely filed within the applicable time limitation period of FECA, that an injury was sustained in the performance of duty as alleged, and that any disability or specific condition for which compensation is claimed is causally related to the employment injury.¹⁴ In general the term disability under FECA means incapacity because of injury in employment to earn the wages which the employee was receiving at the time of such injury.¹⁵ This meaning, for brevity, is expressed as disability from work.¹⁶ The medical evidence required to establish causal relationship between a claimed period of disability and an employment injury is rationalized medical opinion evidence.¹⁷

Section 8103(a) of FECA states in pertinent part: “The United States shall furnish to an employee who is injured while in the performance of duty, the services, appliances, and supplies prescribed or recommended by a qualified physician, which the Secretary of Labor considers likely to cure, give relief, reduce the degree or the period of disability, or aid in lessening the amount of the monthly compensation.”¹⁸ The Board has found that OWCP has great discretion in determining whether a particular type of treatment is likely to cure or give relief.¹⁹ The only limitation on OWCP’s authority is that of reasonableness.²⁰ Abuse of discretion is generally shown through proof of manifest error, clearly unreasonable exercise of judgment, or actions taken which are contrary to both logic and probable deductions from established facts. It is not enough to merely show that the evidence could be construed so as to produce a contrary factual conclusion.²¹

¹⁴ *J.F.*, Docket No. 09-1061 (issued November 17, 2009).

¹⁵ *See* 20 C.F.R. § 10.5(f).

¹⁶ *Roberta L. Kaamoana*, 54 ECAB 150 (2002); *see also A.M.*, Docket No. 09-1895 (issued April 23, 2010).

¹⁷ *See E.J.*, Docket No. 09-1481 (issued February 19, 2010).

¹⁸ 5 U.S.C. § 8103.

¹⁹ *R.C.*, Docket No. 18-0612 (issued October 19, 2018); *Vicky C. Randall*, 51 ECAB 357 (2000).

²⁰ *Lecil E. Stevens*, 49 ECAB 673, 675 (1998).

²¹ *Rosa Lee Jones*, 36 ECAB 679 (1985).

In order to be entitled to reimbursement of medical expenses, it must be shown that the expenditures were incurred for treatment of the effects of a work-related injury or condition.²² Proof of causal relationship in a case such as this must include supporting rationalized medical evidence.²³

FECA provides that if there is disagreement between an OWCP-designated physician and the employee's physician, OWCP shall appoint a third physician who shall make an examination.²⁴ For a conflict to arise the opposing physicians' viewpoints must be of "virtually equal weight and rationale."²⁵ Where OWCP has referred the case to an impartial medical examiner to resolve a conflict in the medical evidence, the opinion of such a specialist, if sufficiently well reasoned and based upon a proper factual background, must be given special weight.²⁶

ANALYSIS -- ISSUES 1 & 2

The Board finds that the case is not in posture for decision.

OWCP had determined that there was a conflict in the medical opinion between Dr. Glushakow, an attending physician, and Dr. Henderson, an OWCP referral physician, regarding whether appellant had work-related disability on or after June 21, 2012 and whether her October 22, 2012 left knee surgery was necessitated by a work-related condition. In order to resolve the conflict, OWCP properly referred appellant, pursuant to section 8123(a) of FECA, to Dr. Wujciak for an impartial medical examination and an opinion on these issues.²⁷

OWCP found that the special weight of the medical evidence with respect to these disability and surgery authorization issues was represented by the February 27, March 13 and 15, 2018 reports of Dr. Wujciak. The Board notes, however, that these reports do not contain a clear opinion regarding the issues which he was to opine, that is, whether appellant had work-related disability on or after June 21, 2012 and whether the October 22, 2012 left knee surgery was necessitated by a work-related condition.

When these reports are read collectively it is clear that Dr. Wujciak felt that additional documentation was necessary before he could render a final opinion on these disability and surgery authorization matters. For example, Dr. Wujciak indicated in the comments section on page 10 of his February 27, 2018 report, "[A] recommendation for the MRI scan of August 24, 2012 to be over-read by an independent agent/radiologist is warranted. Also warranted is new x-ray study of

²² *J.R.*, Docket No. 17-1523 (issued April 3, 2018); *Bertha L. Arnold*, 38 ECAB 282, 284 (1986).

²³ *Zane H. Cassell*, 32 ECAB 1537, 1540-41 (1981); *John E. Benton*, 15 ECAB 48, 49 (1963).

²⁴ 5 U.S.C. § 8123(a); *Shirley L. Steib*, 46 ECAB 309, 317 (1994).

²⁵ *Darlene R. Kennedy*, 57 ECAB 414, 416 (2006).

²⁶ *Gary R. Sieber*, 46 ECAB 215, 225 (1994).

²⁷ *See supra* notes 24 and 25.

the knees bilaterally [anteroposterior] standing and lateral, tunnel, and skyline view of the left knee, mostly from a forensic perspective.”

In a March 13, 2018 report, Dr. Wujciak discussed the insufficiencies of the documents in the case record, including the reports of Dr. Glushakow, and noted that his “medical/surgical opinions” may or may not alter with receipt of additional materials, including an independent over-read of the August 24, 2012 MRI scan by a Board-certified radiologist, interoperative photographs of the January 12, 2010 and October 22, 2012 surgeries, and treatment records produced between June 20 and July 5, 2012. OWCP sent Dr. Wujciak a number of treatment records dated between June 20 and July 12, 2012. In a March 15, 2018 report, Dr. Wujciak indicated that he had reviewed the provided records and noted that the comments he provided on page 10 of his February 27, 2018 report remained relevant.

In a situation where OWCP secures an opinion from an impartial medical specialist for the purpose of resolving a conflict in the medical evidence and the opinion from such examiner requires clarification or elaboration, OWCP has the responsibility to secure a supplemental report from the examiner for the purpose of correcting the defect in the original opinion.²⁸

For the above-described reasons, the opinion of Dr. Wujciak is in need of clarification and elaboration. Therefore, in order to resolve the continuing conflict in the medical opinion, the case will be remanded to OWCP for referral of the case record, a statement of accepted facts, and if necessary, appellant, to Dr. Wujciak for a supplemental report. If Dr. Wujciak is unable to clarify or elaborate on his original report or if his supplemental report is also vague, speculative, or lacking in rationale, OWCP must submit the case record and a detailed statement of accepted facts to a second impartial specialist for the purpose of obtaining his rationalized medical opinion on the issue.²⁹ After such further development as OWCP deems necessary, a *de novo* decision shall be issued regarding whether appellant had work-related disability on or after June 21, 2012 and whether the October 22, 2012 left knee surgery was necessitated by a work-related condition.

CONCLUSION

The Board finds that the case is not in posture for decision.

²⁸ *Nancy Lackner (Jack D. Lackner)*, 40 ECAB 232, 238 (1988).

²⁹ *Harold Travis*, 30 ECAB 1071, 1078 (1979).

ORDER

IT IS HEREBY ORDERED THAT the March 23, 2018 decision of the Office of Workers' Compensation Programs is set aside, and the case is remanded to OWCP for action consistent with this decision.

Issued: April 19, 2019
Washington, DC

Patricia H. Fitzgerald, Deputy 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