

had returned to work four hours per day, when available, casing mail. Appellant alleged that her right elbow condition worsened due to the repetitive motion of casing mail. She stopped work on January 29, 2016. OWCP developed this claim as a new occupational disease claim under OWCP File No. xxxxxx815 and accepted it for right elbow lateral epicondylitis, right elbow medial epicondylitis, and lesion of the ulnar nerve right upper extremity. It paid appellant wage-loss compensation on the periodic rolls effective April 30, 2017.

On February 28, 2017 appellant underwent right lateral epicondylitis common extensor repair.

On September 5, 2018 appellant requested authorization for right elbow surgery to revise the ulnar nerve at the elbow and incision of the tendon sheath.

In a September 5, 2018 development letter, OWCP requested additional medical evidence establishing that the requested revision surgery for the right ulnar nerve surgery was medically necessary due to appellant's accepted employment injuries.

By decision dated February 20, 2019, OWCP denied appellant's request for additional revision of the ulnar nerve lesion, finding that it was not medically warranted.

On June 13, 2019 appellant requested reconsideration. She noted that on October 9, 2009 she sustained right medial epicondylitis while in the performance of duty, which had been accepted under OWCP File No. xxxxxx317.

By decision dated October 28, 2019, OWCP denied modification of its prior decision.

On October 20, 2020 appellant again requested reconsideration.

By decision dated November 24, 2020, OWCP denied appellant's request for reconsideration, pursuant to 5 U.S.C. § 8128(a).

The Board, having duly considered this matter, finds that this case is not in posture for decision.

OWCP's procedures provide that cases should be administratively combined when correct adjudication of the issues depends on frequent cross-referencing between case files.³ For example, if a new injury case is reported for an employee who previously filed an injury claim for a similar condition or the same part of the body, doubling is required.⁴ In the present claim, appellant alleged a right elbow condition. OWCP previously accepted a 2009 claim for right medial epicondylitis under OWCP File No. xxxxxx317. However, evidence pertaining to OWCP File No. xxxxxx317 is not part of the case record presented before the Board. For a full and fair adjudication, the case shall be remanded to OWCP to administratively combine OWCP File No.

³ Federal (FECA) Procedure Manual, Part 2 -- Claims, *File Maintenance and Management*, Chapter 2.400.8c (February 2000); *T.D.*, Docket No. 20-1119 (issued January 29, 2021); *R.R.*, Docket No. 19-0368 (issued November 26, 2019).

⁴ *Id.*; *M.B.*, Docket No. 20-1175 (issued December 31, 2020); *L.M.*, Docket No. 19-1490 (issued January 29, 2020).

xxxxxx317 with File No. xxxxxx815 and master File No. xxxxxx624, so it can consider all relevant evidence in adjudicating appellant's request for authorization for right elbow surgery.⁵ Following this and other such further development as deemed necessary, OWCP shall issue an appropriate decision. Accordingly,

IT IS HEREBY ORDERED THAT the November 24, 2020 decision of the Office of Workers' Compensation Programs is set aside and the case is remanded for further proceedings consistent with this order of the Board.

Issued: October 28, 2021
Washington, DC

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

Patricia H. Fitzgerald, Alternate Judge
Employees' Compensation Appeals Board

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

⁵ A.Y., Docket No. 20-1334 (issued March 29, 2021).