United States Department of Labor
Employees' Compensation Appeals Board

V.A., Appellant	)	
and	)	**Docket No. 21-1023**
	)	**Issued: March 6, 2023**
U.S. POSTAL SERVICE, POST OFFICE, Fredericksburg, VA, Employer	)	

Appearances:
Appellant, pro se
Office of Solicitor, for the Director

Case Submitted on the Record

DECISION AND ORDER

Before:
PATRICIA H. FITZGERALD, Deputy Chief Judge
JANICE B. ASKIN, Judge
JAMES D. McGINLEY, Alternate Judge

JURISDICTION

On June 24, 2021 appellant filed a timely appeal from April 19 and June 9, 2021 merit decisions of the Office of Workers' Compensation Programs (OWCP).[1] Pursuant to the Federal Employees' Compensation Act[2] (FECA) and 20 C.F.R. §§ 501.2(c) and 501.3, the Board has jurisdiction over the merits of this case.

[1] Appellant submitted a timely request for oral argument before the Board. 20 C.F.R. § 501.5(b). Pursuant to the Board's *Rules of Procedure*, oral argument may be held in the discretion of the Board. 20 C.F.R. § 501.5(a). In support of appellant's oral argument request, it was asserted that oral argument should be granted because her right ulnar nerve condition was causally related to her work-related injury and the subsequent right ulnar surgery was medically necessary to address the effects of her work-related condition. The Board, in exercising its discretion, denies appellant's request for oral argument because this matter requires an evaluation of the medical evidence presented. As such, the Board finds that the arguments on appeal can adequately be addressed in a decision based on a review of the case record. Oral argument in this appeal would further delay issuance of a Board decision and not serve a useful purpose. As such, the oral argument request is denied and this decision is based on the case record as submitted to the Board.

[2] 5 U.S.C. § 8101 *et seq*.

ISSUES

The issues are: (1) whether appellant has met her burden of proof to expand the acceptance of her claim to include a right ulnar nerve condition causally related to her accepted employment injuries; and (2) whether OWCP properly denied authorization for right ulnar surgery at the elbow and wrist.

FACTUAL HISTORY

This case has previously been before the Board on different issues.[3] The facts of the case as presented in the prior Board order and decision are incorporated herein by reference. The relevant facts are as follows.

On April 1, 2011 appellant, then a 54-year-old letter carrier, filed an occupational disease claim (Form CA-2) alleging that her right hand conditions of carpal tunnel syndrome and trigger finger were caused or aggravated by the daily duties of lifting, pulling, sorting and handling of mail and heavy parcels in the performance of duty. She noted that she first became aware of her conditions and realized their relation to her employment on January 3, 2011. OWCP accepted the claim for right hand tenosynovitis and right carpal tunnel syndrome.[4] The record reflects that appellant underwent left de Quervain's release on March 27, 2009; left carpal tunnel release and recurrent left de Quervain's release on March 1, 2013; right carpal tunnel release and right middle finger trigger release on October 28, 2011; and right carpal tunnel release on June 26, 2019. OWCP paid her wage-loss compensation for all periods of disability. Appellant eventually returned to full-duty work, but stopped work again on November 19, 2012 and retired from the employing establishment in March 2013. OWCP paid her wage-loss compensation on the periodic rolls, effective June 30, 2013.

On December 27, 2019 OWCP expanded the acceptance of the claim to include lesion of the left ulnar nerve; bilateral tenosynovitis of the hand and wrist; bilateral carpal tunnel syndrome; and bilateral radial styloid tenosynovitis.

Appellant subsequently submitted additional evidence. In an October 30, 2019 report, Dr. James R. Patterson, a Board-certified physiatrist opined that her electromyogram and nerve conduction velocity (EMG/NCV) study was consistent with residuals of right carpal tunnel syndrome with evidence of motor and sensory fiber involvement and some chronic denervation of the abductor pollicis brevis. Given appellant's history of surgical decompression, he opined that postsurgical residuals had not fully resolved and recommended clinical correlation. Dr. Patterson also noted a mild entrapment of the right ulnar nerve at the cubital tunnel that was combined with a mild entrapment of the ulnar nerve at the Guyon's canal involving sensory fibers. He opined

[3] Docket No. 13-1433 (issued December 13, 2013); *Order Dismissing Appeal*, Docket No. 14-519 (issued July 29, 2014).

[4] OWCP assigned the present claim OWCP File No. xxxxxx292. Under OWCP File No. xxxxxx938, OWCP accepted appellant's January 29, 2009 occupational disease claim for the conditions of left carpal tunnel syndrome, left radial styloid tenosynovitis, and left wrist tendinitis. OWCP has administratively combined OWCP File Nos. xxxxxx938 and xxxxxx292, with the latter serving as the master file.

that this could result in a double crush phenomenon for the ulnar nerve and recommended clinical correlation.

In a July 27, 2020 report, Dr. Khader Muqtadir, a Board-certified orthopedic hand surgeon, reported examination findings. He diagnosed initial encounter of other closed intra-articular fracture of distal end of left radius, carpal tunnel syndrome of right wrist, and compression of left ulnar nerve at multiple levels. Dr. Muqtadir also indicated that appellant had right cubital tunnel/Guyon's canal compression. He advised that repeat electrodiagnostic studies from 2019 demonstrated median nerve residuals following right carpal tunnel release as well as mild compression of the ulnar nerve at both the cubital tunnel and Guyon canal. Dr. Muqtadir opined that if there were persistent or worsening symptoms, a right ulnar nerve decompression may be needed.

In a September 14, 2020 letter, OWCP requested that Dr. Muqtadir provide a medical narrative, including a rationalized medical opinion on causal relationship between appellant's January 3, 2011 employment injury and the diagnosed right ulnar nerve condition, if any.

In an October 8, 2020 electrodiagnostic report, Dr. Patterson found that the EMG/NCV studies were consistent with residuals of right carpal tunnel syndrome with slight worsening of the sensory latency from the October 30, 2019 diagnostic studies. He opined that he could not exclude that this could be postsurgical residuals as it could be some component of reentrapment secondary to scar. Dr. Patterson recommended clinical correlation. He also found moderate entrapment of the right ulnar nerve at the cubital tunnel and a mild entrapment of the ulnar nerve at Guyon's canal. Dr. Patterson indicated that there was some mild worsening in comparison to the October 30, 2019 study and could result in a double crush phenomenon. He recommended clinical correlation.

In an October 19, 2020 report, Dr. Muqtadir reviewed and interpreted the latest electrodiagnostic testing. He indicated that appellant had undergone multiple previous carpal tunnel releases, and that her residual symptoms may be mostly due to the ulnar nerve issues because her symptoms were mostly ulnar in location and nature. Dr. Muqtadir noted that she may still have ongoing neurogenic symptoms with an ulnar nerve decompression and that she agreed to proceed with a cubital tunnel and Guyon canal release of the right upper extremity.

In an October 29, 2020 report, Dr. Muqtadir noted that the October 30, 2019 EMG/NCV studies revealed mild compression of the ulnar nerve at the cubital tunnel and Guyon 's canal while the October 8, 2020 repeat EMG/NCV test revealed moderate right ulnar nerve compression at the cubital tunnel, and mild entrapment of right ulnar nerve at Guyon 's canal. He indicated that there was double crush phenomenon and some worsening since October 2019. Dr. Muqtadir opined that "it was possible that the same inflammation that caused [appellant's] carpal tunnels to be inflamed also resulted in ulnar nerve compressions. Besides that, I am not able to ascribe this to her work-related injury from 2011."

On November 10, 2020 OWCP referred appellant's case along with a statement of accepted facts (SOAF) to Dr. Franklin M. Epstein, a Board-certified neurosurgeon serving as a district medical adviser (DMA). In a November 16, 2020 report, Dr. Epstein noted the accepted conditions and surgeries, and that she stopped working in November 2011. He noted that appellant

had undergone four EMG studies in 2003, 2012, 2019 and recently on October 8, 2020. Dr. Epstein indicated that the 2012 EMG study, one year after the date of injury, reported no ulnar nerve entrapment. The 2019 EMG study, which was eight years after the date of injury and seven years after appellant stopped working, first described evidence of ulnar nerve entrapment. The DMA opined that there was no rational medical reason to implicate the 2011 employment injury or the 2012 recurrence to the ulnar nerve abnormalities first demonstrated by the 2019 and 2020 EMG studies, noting that such ulnar nerve pathology was not demonstrated by the 2003 EMG, eight years prior to the date of injury or by the 2012 EMG, one year after the date of injury. He additionally opined that the accepted right carpal tunnel syndrome and its authorized operative treatment could not be considered causally related to the new findings of ulnar nerve entrapment. The DMA concurred with Dr. Muqtadir's opinion that the right ulnar nerve entrapment was not causally related to the accepted work injury and, thus, opined that any ulnar nerve surgery should not be authorized. He further indicated his concurrence with Dr. Muqtadir that it may be reasonable to surgically reexplore the right-sided carpal tunnel and opined that OWCP should authorize that surgery. The DMA noted that a repeat carpal tunnel release may not prove availing given the intractability of appellant's hand and wrist pain despite more than a decade of medical therapy and three surgical interventions.

On November 11, 2020 appellant underwent a right cubital tunnel syndrome release and right wrist Guyon canal ulnar nerve decompression, performed by Dr. Muqtadir.

By decision dated November 19, 2020, OWCP denied expansion of the acceptance of appellant's claim to include an additional diagnosis of right ulnar nerve. It found that the weight of the medical evidence rested with its DMA, who concurred with Dr. Muqtadir that her right ulnar nerve issue was not causally related to the accepted 2011 employment injury.

On December 7, 2020 appellant requested an oral hearing before a representative of OWCP's Branch of Hearings and Review. A telephonic hearing was held on March 10, 2021. OWCP subsequently received a copy of the November 11, 2020 operative report for right elbow cubital tunnel release and right wrist Guyon canal decompression of the ulnar nerve; progress notes from Dr. Muqtadir; and a February 28, 2019 EMG/NCV study, which indicated evidence of a moderate right carpal tunnel syndrome (median nerve entrapment at wrist) and sensory peripheral neuropathy affecting bilateral upper extremities.

By decision dated April 19, 2021, OWCP's hearing representative affirmed the November 19, 2020 decision with regard to the expansion issue. However, based on the DMA's opinion that it may be reasonable to surgically reexplore the right-sided carpal tunnel, the hearing representative remanded the case for further development with regard as to whether the November 11, 2020 surgery should be authorized.

On May 10, 2021 OWCP referred the case record and a SOAF to Dr. Epstein, who again served as the DMA, to determine whether or not any additional conditions should be deemed employment related.

In a May 11, 2021 report, Dr. Epstein noted that he had presented a detailed explanation rejecting causal relationship of the right ulnar entrapment neuropathies in his November 16, 2020 report. He noted that on November 11, 2020 appellant had undergone decompressive surgery of

the right ulnar nerve at both the elbow and wrist and that she had indicated, in her March 25, 2021 letter, that her conditions were the same or worse after the most recent surgery. Dr. Epstein opined that the additional medical evidence of record did not change his November 16, 2020 opinion. He indicated that the clinical and electrodiagnostic evidence of record do not support an employment-related occupational disease of the right ulnar nerve at either the wrist or the elbow. Dr. Epstein further indicated that appellant continued to have chronic bilateral upper limb pain despite four operative procedures on her upper extremities and 10 years of medical treatment. He opined that the most recent surgery on the right ulnar nerve should not be authorized as employment related.

By decision dated June 9, 2021, OWCP denied expansion of the acceptance of the claim to include a right ulnar nerve condition and authorization for right ulnar surgery. It found that the medical evidence of record was insufficient to establish that the right ulnar surgery was medically necessary to address the effects of the January 3, 2011 employment-related injury.

LEGAL PRECEDENT -- ISSUE 1

Where an employee claims that, a condition not accepted or approved by OWCP was due to an employment injury, he or she bears the burden of proof to establish that the condition is causally related to the employment injury.[5]

The medical evidence required to establish causal relationship between a specific condition, as well as any attendant disability claimed, and the employment injury, is rationalized medical opinion evidence.[6] A physician's opinion on whether there is a causal relationship between the diagnosed condition and the implicated employment factor(s) must be based on a complete factual and medical background.[7] Additionally, the opinion of the physician must be expressed in terms of a reasonable degree of medical certainty, and must be supported by medical rationale, explaining the nature of the relationship between the diagnosed condition and the specific employment factor(s) identified by the claimant.[8]

When an injury arises in the course of employment, every natural consequence that flows from that injury likewise arises out of the employment, unless it is the result of an independent intervening cause attributable to a claimant's own intentional misconduct.[9] The basic rule is that a subsequent injury, whether an aggravation of the original injury or a new and distinct injury, is

[5] *T.B.*, Docket No. 20-0182 (issued April 23, 2021); *W.L.*, Docket No. 17-1965 (issued September 12, 2018); *V.B.*, Docket No. 12-0599 (issued October 2, 2012); *Jaja K. Asaramo*, 55 ECAB 200, 204 (2004).

[6] *C.W.*, Docket No. 21-0017 (issued December 28, 2021); *T.B.*, *id.*; *T.C.*, Docket No. 19-1043 (issued November 8, 2019); *M.W.*, 57 ECAB 710 (2006); *John D. Jackson*, 55 ECAB 465 (2004).

[7] *E.M.*, Docket No. 18-1599 (issued March 7, 2019); *Robert G. Morris*, 48 ECAB 238 (1996).

[8] *M.V.*, Docket No. 18-0884 (issued December 28, 2018); *I.J.*, 59 ECAB 408 (2008); *Victor J. Woodhams*, 41 ECAB 345 (1989).

[9] *T.B.*, *supra* note 5; *C.W.*, Docket No. 18-1536 (issued June 24, 2019); *C.R.*, Docket No. 18-1285 (issued February 12, 2019); *Albert F. Ranieri*, 55 ECAB 598 (2004); *Clement Jay After Buffalo*, 45 ECAB 707 (1994).

compensable if it is the direct and natural result of a compensable primary injury.[10] With respect to consequential injuries, the Board has held that, where an injury is sustained as a consequence of an impairment residual to an employment injury, the new or second injury, even though nonemployment related, is deemed, because of the chain of causation, to arise out of and in the course of employment and is compensable.[11]

ANALYSIS -- ISSUE 1

The Board finds that appellant has not met her burden of proof to expand the acceptance of her claim to include a right ulnar nerve condition, causally related to her accepted employment-related injury.

In a July 27, 2020 report, Dr. Muqtadir indicated that appellant had right cubital tunnel and Gayon's canal compression of the ulnar nerve and that a right ulnar nerve decompression may be needed. This was based on 2019 electrodiagnostic studies which demonstrated mild compression of the ulnar nerve at both the cubital tunnel and Guyon canal. Dr. Muqtadir, however, did not address the cause of appellant's right ulnar nerve condition. The Board has held that medical evidence that does not offer an opinion regarding the cause of an employee's condition is of no probative value on the issue of causal relationship.[12]

Following OWCP's September 14, 2020 request for an opinion on causal relationship, Dr. Muqtadir reviewed and interpreted the October 30, 2019 and the October 8, 2020 diagnostic testing. In his October 19 and 30, 2020 reports, he indicated that appellant had undergone multiple previous carpal tunnel releases and that the residual symptoms may be mostly due to the ulnar nerve issues as her symptoms were mostly ulnar in location and nature. Dr. Muqtadir indicated that there was double crush phenomenon with some worsening since October 2019. He noted that appellant agreed to proceed with an ulnar nerve decompression with a cubital tunnel and Guyon canal release of the right upper extremity. Dr. Muqtadir opined "it was possible that the same inflammation that caused [appellant's] carpal tunnels to be inflamed also resulted in ulnar nerve compressions. Besides that, I am not able to ascribe this to her work-related injury from 2011." The Board has long held that medical opinions that are speculative or equivocal in character have little probative value.[13] Dr. Muqtadir's opinion is therefore of diminished probative value and insufficient to establish appellant's consequential claim.

The record also contains reports from Dr. Patterson, who found entrapment of the right ulnar nerve at the cubital tunnel and at the Guyon's canal which he opined that could result in a double crush phenomenon for the ulnar nerve. He recommended clinical correlation. However,

[10] *R.M.*, Docket No. 18-1621 (issued August 23, 2019); *Debra L. Dilworth*, 57 ECAB 516 (2006).

[11] *K.C.*, Docket No. 19-1251 (issued January 24, 2020); *R.V.*, Docket No. 18-0552 (issued November 5, 2018); *L.S.*, Docket No. 08-1270 (issued July 2, 2009).

[12] *See J.M.*, Docket No. 19-1926 (issued March 19, 2021); *L.D.*, Docket No. 20-0894 (issued January 26, 2021).

[13] *See M.K.*, Docket No. 21-0520 (issued August 23, 2021); *T.M.*, Docket No. 08-975 (issued February 6, 2009).

as Dr. Patterson failed to address causation, his reports are of no probative value and are insufficient to establish the consequential claim.[14]

OWCP also received copies of diagnostic studies. The Board has held, however, that diagnostic tests, standing alone, lack probative value as they do not provide a physician's opinion on whether there is a causal relationship between appellant's accepted employment incident/exposure and a diagnosed condition.[15]

In November 16, 2020 and May 11, 2021 reports, Dr. Epstein, the DMA, noted the history of injury and his review of the SOAF and the medical record. He also noted that appellant continued to have chronic bilateral upper limb pain despite four operative procedures on her upper extremities and 10 years of medical treatment. Dr. Epstein concurred with Dr. Muqtadir's opinion that there was no causal relationship between the right ulnar nerve condition and her employment injury or condition. He explained, in his November 16, 2020 report, that appellant's right ulnar nerve abnormalities were demonstrated by the 2019 and 2020 EMG studies, but not in the 2003 EMG, eight years prior to the date of injury or by the 2012 EMG, one year after the date of injury. In Dr. Epstein's May 11, 2021 report, which included a review of appellant's November 11, 2020 right ulnar nerve decompression surgery at the elbow and wrist, he indicated that the clinical and electrodiagnostic evidence of record did not support an employment-related occupational disease of the right ulnar nerve at either the wrist or the elbow. He further opined that the most recent surgery on the right ulnar nerve should not be authorized as employment related. Dr. Epstein provided a detailed report reviewing the medical record. It was based on a proper factual history and provided findings and medical reasoning supporting his conclusions and provided a rationalized medical opinion as to why appellant's claim should not be expanded to include the additional conditions. Dr. Epstein's report is therefore sufficient to carry the weight of the medical evidence.

As the medical evidence of record is insufficient to establish that appellant sustained right ulnar nerve conditions causally related to the accepted employment injury, the Board finds that she has not met her burden of proof.

LEGAL PRECEDENT -- ISSUE 2

Section 8103(a) of FECA[16] provides that the United States shall furnish to an employee who is injured while in the performance of duty, the services, appliances, and supplies prescribed by or recommended by a qualified physician, which OWCP considers likely to cure, give relief, reduce the degree or the period of disability, or aid in lessening the amount of the monthly

[14] *T.S.*, Docket No. 19-0717 (issued May 22, 2020); *J.H.*, Docket No. 19-0838 (issued October 1, 2019); *L.B.*, Docket No. 18-0533 (issued August 27, 2018); *D.K.*, Docket No. 17-1549 (issued July 6, 2018).

[15] *See P.A.*, Docket No. 18-0559 (issued January 29, 2020); *A.P.*, Docket No. 18-1690 (issued December 12, 2019); *R.M.*, Docket No. 18-0976 (issued January 3, 2019).

[16] *Supra* note 2 at § 8103(a).

compensation.[17] While OWCP is obligated to pay for treatment of employment-related conditions, the employee has the burden of proof to establish that the expenditure is incurred for treatment of the effects of an employment-related injury or condition.[18]

Section 10.310(a) of OWCP's implementing regulations provide that an employee is entitled to receive all medical services, appliances, or supplies which a qualified physician prescribes or recommends and which OWCP considers necessary to treat the work-related injury.[19]

In interpreting section 8103 of FECA, the Board has recognized that OWCP has broad discretion in approving services provided, with the only limitation on OWCP's authority being that of reasonableness.[20] OWCP has the general objective of ensuring that an employee recovers from his or her injury to the fullest extent possible, in the shortest amount of time. It therefore has broad administrative discretion in choosing means to achieve this goal.[21]

Abuse of discretion is 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.[22]

ANALYSIS -- ISSUE 2

The Board finds that OWCP properly denied authorization for right ulnar surgery at the elbow and wrist.

In a November 16, 2020 report, Dr. Epstein noted the accepted conditions and surgeries, and that appellant stopped work in November 2011. He also noted that she had undergone four EMG studies in 2003, 2012, 2019, and recently on October 8, 2020. Dr. Epstein indicated that the 2012 EMG study, one year after the date of injury, reported no ulnar nerve entrapment. The 2019 EMG study, which was eight years after the date of injury, and seven years after appellant stopped working, first described evidence of ulnar nerve entrapment. The DMA opined that there was no rational medical reason to implicate the 2011 employment injury or the 2012 recurrence to the ulnar nerve abnormalities first demonstrated by the 2019 and 2020 EMG studies, noting that such ulnar nerve pathology was not demonstrated by the 2003 EMG, eight years prior to the date of

[17] *Id.*; *see D.S.*, Docket No. 18-0353 (issued May 18, 2020); *L.D.*, 59 ECAB 648 (2008); *Thomas W. Stevens*, 50 ECAB 288 (1999).

[18] *M.P.*, Docket No. 19-1557 (issued February 24, 2020); *M.B.*, 58 ECAB 588 (2007).

[19] 20 C.F.R. § 10.310(a); *see D.W.*, Docket No. 19-0402 (issued November 13, 2019).

[20] *B.I.*, Docket No. 18-0988 (issued March 13, 2020); *see also Daniel J. Perea*, 42 ECAB 214, 221 (1990) (holding that abuse of discretion by OWCP is generally shown through proof of manifest error, clearly unreasonable exercise of judgment, or administrative actions which are contrary to both logic, and probable deductions from established facts).

[21] *E.F.*, Docket No. 20-1680 (issued November 10, 2021); *D.S.*, *supra* note 17.

[22] *Id.*; *P.L.*, Docket No. 18-0260 (issued April 14, 2020); *L.W.*, 59 ECAB 471 (2008).

injury or by the 2012 EMG, one year after the date of injury. He additionally opined that the accepted right carpal tunnel syndrome, and its authorized operative treatment, could not be considered causally related to the new findings of ulnar nerve entrapment. The DMA concurred with Dr. Muqtadir's opinion that the right ulnar nerve entrapment was not causally related to the accepted work injury and, thus, opined that any ulnar nerve surgery should not be authorized. He further indicated his concurrence with Dr. Muqtadir that it may be reasonable to surgically reexplore the right-sided carpal tunnel and opined that OWCP should authorize that surgery. The DMA noted that a repeat carpal tunnel release may not prove availing given the intractability of appellant's hand and wrist pain, despite more than a decade of medical therapy and three surgical interventions.

In a May 11, 2021 report, Dr. Epstein, noted that on November 11, 2020 appellant had undergone decompressive surgery of the right ulnar nerve at both the elbow and wrist, and that she had indicated, in her March 25, 2021 letter, that her conditions were the same or worse after the most recent surgery. He opined that the additional medical evidence of record did not change his November 16, 2020 opinion. Dr. Epstein indicated that the clinical and electrodiagnostic evidence of record does not support an employment-related occupational disease of the right ulnar nerve at either the wrist or the elbow. He further indicated that appellant continued to have chronic bilateral upper limb pain despite four operative procedures on her upper extremities and 10 years of medical treatment. Dr. Epstein opined that the most recent surgery on the right ulnar nerve should not be authorized as employment related.

As the medical evidence of record fails to support that the requested November 11, 2020 decompressive surgery of the right ulnar nerve at both the elbow and wrist surgery is medically necessary and causally related to the accepted employment injury, the Board finds that OWCP did not abuse its discretion by denying authorization.[23]

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 her burden of proof to expand the acceptance of her claim to include a right ulnar nerve condition, causally related to her accepted employment injury. The Board further finds that OWCP properly denied authorization for right ulnar surgery at the elbow and wrist.

[23] *D.S., supra* note 17.

ORDER

IT IS HEREBY ORDERED THAT the June 9 and April 19, 2021 decisions of the Office of Workers' Compensation Programs are affirmed.

Issued: March 6, 2023
Washington, DC

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

Janice B. Askin, Judge
Employees' Compensation Appeals Board

James D. McGinley, Alternate Judge
Employees' Compensation Appeals Board