United States Department of Labor
Employees' Compensation Appeals Board

M.G., Appellant	)	
and	)	**Docket No. 23-0674**
	)	**Issued: October 3, 2023**
U.S. POSTAL SERVICE, FRESNO PROCESSING & DISTRIBUTION CENTER, Fresno, CA, 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
VALERIE D. EVANS-HARRELL, Alternate Judge
JAMES D. McGINLEY, Alternate Judge

JURISDICTION

On April 10, 2023 appellant filed a timely appeal from an October 25, 2022 merit decision of the Office of Workers' Compensation Programs (OWCP). Pursuant to the Federal Employees' Compensation Act[1] (FECA) and 20 C.F.R. §§ 501.2(c) and 501.3, the Board has jurisdiction over the merits of this case.[2]

ISSUES

The issues are: (1) whether appellant has met her burden of proof to establish that the acceptance of her claim should be expanded to include a left knee lateral meniscal tear as causally

[1] 5 U.S.C. § 8101 *et seq*.

[2] The Board notes that, following the October 25, 2022 decision, OWCP received additional evidence. However, the Board's *Rules of Procedure* provides: "The Board's review of a case is limited to the evidence in the case record that was before OWCP at the time of its final decision. Evidence not before OWCP will not be considered by the Board for the first time on appeal." 20 C.F.R. § 501.2(c)(1). Thus, the Board is precluded from reviewing this additional evidence for the first time on appeal. *Id*.

related to the accepted June 15, 2017 employment injury; and (2) whether OWCP properly denied authorization for left knee arthroscopic surgery.

FACTUAL HISTORY

On June 15, 2017 appellant, then a 51-year-old mail handler, filed a traumatic injury claim (Form CA-1) alleging that on that date she sustained injuries to her right low back, right hip, and left knee while placing a tub of mail into the hamper in the performance of duty. She stopped work on the date of injury.[3] OWCP accepted the claim for left knee sprain.[4]

A September 13, 2017 left knee magnetic resonance imaging (MRI) scan revealed normal findings and no internal derangement.

On October 10, 2017 OWCP referred appellant, together with an updated statement of accepted facts (SOAF), list of questions, and medical record, to Dr. Aubrey A. Swartz, a Board-certified orthopedic surgeon, for an opinion regarding the medical conditions caused, aggravated, or precipitated by the June 15, 2017 employment incident.

In a report dated October 23, 2017, Dr. Warren J. Strudwick, Jr., a Board-certified orthopedic surgeon, noted appellant's history of injury and her complaints of some swelling, locking symptoms, and sharp pain in the anterior aspect of the left knee. On examination, he reported left knee medial and lateral joint line tenderness with effusion, no retropatellar tenderness, negative pivot, negative anterior drawer, negative Lachman's, reduced range of motion (ROM), and mildly laterally positive Apley's. Dr. Strudwick related that he had reviewed appellant's left knee MRI scan, and that he did not agree with the reading by the radiologist as the scan demonstrated a horizontal lateral meniscus anterior horn cleavage tear. He diagnosed left knee lateral meniscal tear. Dr. Strudwick recommended physical therapy and if that did not resolve appellant's symptoms, arthroscopic and partial lateral meniscectomy surgery.

Dr. Strudwick, in a report dated December 18, 2017, again diagnosed left knee lateral meniscal tear. He noted appellant's continuing symptoms and physical examination findings. Dr. Strudwick recommended left knee surgery.

On January 31, 2018 appellant requested authorization for left knee arthroscopy.

In a report dated February 5, 2018, Dr. Swartz reviewed appellant's left knee MRI scan and reported that there was no evidence of any meniscal or ligamentous tear, but findings of trace

[3] The Board notes that appellant was working a part-time modified job following her accepted July 12, 2014 employment injury.

[4] On August 8, 2017 OWCP administratively combined the current claim, OWCP File No. xxxxxx768, with OWCP File No. xxxxxx659, with the latter designated as the master file. Under OWCP File No. xxxxxx659, it accepted a July 12, 2014 traumatic injury claim for sacroiliac ligament sprain, aggravation of other lumbosacral intervertebral disc displacement, intervertebral lumbosacral disc disorders with radiculopathy, right hip bursitis, and right leg iliotibial band syndrome. The Board notes that OWCP File No. xxxxxx659 contains subsidiary OWCP File Nos. xxxxxx586 and xxxxxx694. Under OWCP File No. xxxxxx586, OWCP accepted acute lumbar strain and neuropathy due to a March 17, 1997 traumatic injury. Under OWCP File No. xxxxxx694, it accepted a lumbosacral strain for a December 2, 2002 occupational disease claim (Form CA-2).

or minimal effusion. He noted that she sustained a left knee sprain as a result of the accepted June 15, 2017 employment injury, which would have resolved by August 1, 2017.

In a development letter dated February 27, 2018, OWCP informed appellant that the evidence of record was insufficient to establish that the proposed procedure was necessary to treat the effects of her accepted left knee sprain. It noted Dr. Swartz' February 5, 2018 opinion and requested that if her physician disagreed with his opinion, that he provide a narrative explanation supported by objective findings. OWCP afforded appellant 30 days to submit additional evidence.

OWCP thereafter received a January 12, 2018 MRI scan of appellant's left knee which reported trace effusion and no evidence of meniscus or ligament tear. In an addendum, the reviewing radiologist reported an area of curvilinear signal alteration at the anterolateral hom of the meniscus and possible adjacent cyst.

In a March 5, 2018 report, Dr. Michael Hebrard, a physiatrist specializing in physical medicine and rehabilitation, noted appellant's positive physical examination findings and diagnosed left knee sprain. He referred her to Dr. Strudwick to consider surgical indications for the left knee given that she had failed physical therapy.

Dr. Strudwick, in a March 8, 2018 report, noted that it was unclear whether Dr. Swartz reviewed the actual MRI scan, as it clearly demonstrated a left lateral meniscus anterior horn tear. He explained that his October 23, 2017 report clearly outlined his disagreement with the radiologist's reading, as he found the scan confirmed a tear of the anterior horn of the lateral meniscus. Dr. Strudwick diagnosed left knee lateral meniscal tear and recommended surgery.

By decision dated April 5, 2018, OWCP denied appellant's request for authorization for left knee arthroscopy. It found that the medical evidence of record was insufficient to establish that the procedure was medically necessary to treat the effects of her accepted work-related condition. OWCP noted that Dr. Strudwick failed to provide any medical rationale explaining the connection between the meniscus tear and the accepted June 15, 2017 employment injury. It further noted that under the master OWCP File No. xxxxxx659 appellant had been referred for a second opinion evaluation with Dr. Swartz. In his February 5, 2018 report, Dr. Swartz related that her left knee MRI scan was essentially normal.

In a report dated April 25, 2018, Dr. Strudwick agreed with Dr. Swartz that if appellant had sustained a simple left knee strain that it would have resolved by now. However, appellant's condition has not resolved as demonstrated by her continued symptoms and objective findings supporting a meniscal tear. Dr. Strudwick explained that it is common to diagnosis a simple strain of the joint, such as a knee, at the onset, but if symptoms do not resolve with further evaluation and time, then one must look for another reason on why the symptoms persist. Based on his serial examinations, he found anterolateral joint line tenderness, positive McMurray's, and positive Apley's tests, which were signs are indicative of meniscal tearing.

In a report dated May 8, 2018, Dr. Hebrard reviewed and concurred with Dr. Strudwick's findings in his April 25, 2018 report. In support of his agreement with Dr. Strudwick's diagnosis of a meniscus tear, he explained that appellant's left knee locking and giving way and functional instability are consistent with a diagnosis of meniscus tear. Dr. Hebrard opined that Dr. Strudwick

clearly identified left knee functional deficits and the need for more definitive testing. He also noted that radiologists who are not specifically training in musculoskeletal medicine will not identify physical function disorders.

On May 7, 2018 appellant requested an oral hearing before a representative of OWCP's Branch of Hearings and Review. A telephonic hearing was held on October 19, 2018.

An October 15, 2018 report from Dr. Hebrard was repetitive of priors.

By decision dated January 3, 2019, OWCP's hearing representative set aside the April 5, 2018 decision, finding a conflict in the medical opinion evidence between Drs. Hebrard and Strudwick, appellant's treating physicians, and Dr. Swartz, OWCP's second opinion physician, regarding whether she sustained a left lateral meniscus tear causally related to the accepted June 15, 2017 employment injury, and whether surgery was necessitated. The case was therefore remanded for referral for an impartial medical examination to resolve the conflict.

On March 6, 2019 OWCP referred appellant to Dr. Ernest Miller, a Board-certified orthopedic surgeon, as an impartial medical examiner (IME), to resolve the conflict in the medical opinion evidence.

OWCP continued to receive reports from Dr. Hebrard.

In a report dated April 18, 2019, Dr. Miller noted his review of the SOAF and appellant's medical records. He described the June 15, 2017 employment injury, and noted her complaints of left knee pain without any current complaints of swelling, locking, or giving way. Dr. Miller provided findings on physical examination. Examination of appellant's left knee revealed no evidence of swelling or effusion, no patella femoral crepitation, and patella tenderness. ROM for the left knee was 5 degrees to 90 degrees with pain. Dr. Miller diagnosed a resolved left knee sprain with failure to rehabilitate. He found no evidence of a meniscal tear on physical examination that day or in the examinations by Dr. Hebrard or Dr. Swartz, or on MRI scans dated September 13, 2017 and January 12, 2018. Dr. Miller opined that appellant's left knee buckling problem could not have torn the left knee lateral or medial meniscus. He explained that there was no evidence of a meniscal tear based on the objective evidence. Furthermore, the medical records revealed that appellant did not have left knee complaints for at least two months following the June 15, 2017 employment injury. Dr. Miller concluded that there was no necessity for her to undergo left knee arthroscopy. Instead, he recommended medication and an exercise program.

On June 19, 2019 OWCP requested clarification from Dr. Miller on the cause of appellant's reduced left knee ROM and treatment recommendations.

Dr. Miller, in a supplemental report dated August 7, 2019, opined that appellant's ROM limitations noted in his report were not caused by the left knee sprain. He opined that her left knee painful ROM limitation could represent a failure to rehabilitate the left knee sprain. However, appellant had no left thigh muscle atrophy, which suggested the cause was not the failure to rehabilitate the left knee, but possibly symptom magnification.

An August 30, 2019 report from Dr. Strudwick was unchanged from prior reports.

By decision dated October 11, 2019, OWCP denied expansion of the acceptance of appellant's claim to include left knee meniscus tear. It also denied authorization for left arthroscopic knee surgery.

On November 9, 2019 appellant requested an oral hearing before a representative of OWCP's Branch of Hearings and Review. A telephonic hearing was held on March 20, 2020.

OWCP received a report dated December 2, 2019, report from Dr. Strudwick and reports dated December 2, 2019 and January 20, 2020 from Dr. Hebrard, which were repetitive of prior reports.

Following the telephonic hearing, OWCP received a May 9, 2019 MRI arthrogram scan of appellant's left knee, which showed thin medial plica, intact cruciate and collateral ligaments, no meniscal tear, and no osteochondral lesion. It also received a March 9, 2020 report form Dr. Hebrard, which was unchanged from prior reports.

By decision dated June 4, 2020, OWCP's hearing representative set aside the October 11, 2019 decision, finding that OWCP failed to provide Dr. Miller with all the records for the medical issue in question. She found that Dr. Miller's opinion failed to resolve the conflict in the medical opinion evidence. On remand, OWCP was instructed to ensure that the May 2019 MRI scan and Dr. Swartz' evaluation reports were provided to Dr. Miller.

In reports dated March 20 and November 24, 2020, Dr. Strudwick diagnosed lateral meniscal tear based on review of MRI scans. He reiterated his opinion that appellant had a left knee meniscus tear requiring surgery.

An October 12, 2020 progress report from Dr. Hebrard was repetitive of prior reports.

On December 17, 2020 OWCP again referred appellant for an examination with Dr. Miller to resolve the conflict in the medical opinion evidence. In a February 18, 2021 supplemental report, Dr. Miller described the June 15, 2017 employment injury and noted her complaints of left knee pain without any complaints of swelling, locking, or giving way. He recounted appellant's medical history, reviewed diagnostic and medical reports, and provided findings on physical examination. Examination of appellant's left knee revealed no evidence of swelling or effusion, some anterior lateral joint line tenderness, and mild anterior drawer. Dr. Miller reported full ROM. He diagnosed left knee sprain and chronic moderate-to-severe pain since the accepted June 15, 2017 injury. Dr. Miller noted the first three MRI scans were read as normal by Board-certified radiologists while Dr. Strudwick read the initial MRI scan as abnormal with a horizontal lateral meniscus cleavage tear. He advised that his opinion was unchanged from his prior report. Dr. Miller explained that he had reviewed the May 9, 2019 MRI scan, reiterating the lack of any objective evidence of a left knee meniscal tear based on diagnostic testing or examination findings. Thus, he opined that there was no necessity for arthroscopic surgery, as there was no evidence of a meniscal tear. Dr. Miller noted that Dr. Strudwick recommended arthroscopic surgery to further evaluate appellant's diagnosis. He indicated that he did not have any criticism of Dr. Strudwick's recommendation for arthroscopic surgery to determine if there is a pathologic reason for appellant's ongoing left knee complaints and symptoms. While the surgery might reveal that there is a torn lateral or medial meniscus, osteoarthritis, osteochondral fracture, cancer, rheumatoid

arthritis, osteomyelitis, or other diagnoses, none of these diagnoses would be due to the accepted injury of knee sprain.

A March 31, 2021 report from Dr. Hebrard was unchanged from prior reports.

By decision dated May 18, 2021, OWCP denied expansion of the acceptance of appellant's claim to include left knee meniscus tear. It also denied authorization for left arthroscopic knee surgery.

On May 4, 2022 appellant requested reconsideration.

A September 7, 2021 operative report containing a preoperative diagnosis of left knee lateral meniscal tear and chondromalacia of the patella and postoperative diagnosis of intact lateral meniscus and chondromalacias of the median ridge, medial and lateral facet, and patella with chondral flap of the medium ridge.

By decision dated May 6, 2022, OWCP denied modification.

Following the May 6, 2022 decision, OWCP received MRI scans dated June 3, 2019 and November 12, 2020. Both the June 3, 2019 and November 12, 2020 left knee MRI scans of the left knee showed no meniscal, cruciate, or collateral ligament injury. The November 12, 2020 scan also showed a grade 1 chondromalacia medial patellar facet and thin medial plica.

OWCP continued to receive reports from Dr. Hebrard, which were repetitive of prior reports.

On August 5, 2022 appellant requested reconsideration and submitted additional evidence.

Dr. Strudwick, in a report dated July 6, 2022, noted that appellant underwent left knee surgery in September 2021. He reported that he suspected a left knee lateral meniscal tear and chondromalacia based on her ongoing symptoms since the 2017 injury. Dr. Strudwick indicated that he did not find a lateral meniscal tear during the surgery, but did find a cartilaginous flap which had been the cause of appellant's symptoms. He reported that she had improved significantly since the surgery. Dr. Strudwick opined that her symptoms were causally related to the 2017 injury based on her continued symptoms following the injury, which continued following her retirement in 2018.

In an October 11, 2022 report, Dr. Hebrard noted an initial diagnosis of left knee sprain. He reviewed Dr. Strudwick's July 6, 2022 report and concurred with his assessment.

By decision dated October 25, 2022, OWCP denied modification.

LEGAL PRECEDENT -- ISSUE 1

When 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]

To establish causal relationship, the employee must submit rationalized medical opinion evidence.[6] The opinion of the physician must be based on a complete factual and medical background of the claimant, must be one of reasonable medical certainty, and must be supported by medical rationale explaining the nature of the relationship between the diagnosed condition and the accepted employment injury.[7]

Section 8123(a) of FECA which provides that, if there is disagreement between the physician making the examination for the United States and the physician of the employee, OWCP shall appoint a third physician (known as a referee physician or IME) who shall make an examination.[8] This is called a referee examination and OWCP will select a physician who is qualified in the appropriate specialty and who has no prior connection with the case.[9] When there exist opposing medical reports of virtually equal weight and rationale and the case is referred to an IME for the purpose of resolving the conflict, the opinion of such specialist, if sufficiently well rationalized and based upon a proper factual background, must be given special weight.[10]

ANALYSIS -- ISSUE 1

The Board finds that appellant has not met her burden of proof to establish that the acceptance of her claim should be expanded to include a left knee lateral meniscal tear as causally related to the accepted June 15, 2017 employment injury.

OWCP properly determined that, a conflict existed between appellant's treating physicians, Dr. Hebrard and Dr. Strudwick, and Dr. Swartz, an OWCP referral physician, as to whether she sustained left knee lateral meniscal tear due to the accepted June 15, 2017 employment injury. It properly referred her to Dr. Miller for an impartial medical examination to resolve the conflict pursuant to 5 U.S.C. 8123(a).

[5] *L.R.,* Docket No. 21-0018 (issued February 17, 2021); *D.H.*, Docket No. 19-9687 (issued March 31, 2021); *J.R.*, Docket No. 20-0292 (issued June 26, 2020); *Jaja K. Asaramo*, 55 ECAB 200 (2004).

[6] *L.R.*, *id.*; *D.H.*, *id.*; *E.W.*, Docket No. 20-0338 (issued October 9, 2020).

[7] *L.R.*, *id.*; *D.H.*, *id.*; *L.P.*, Docket No. 20-0609 (issued October 15, 2020); *Leslie C. Moore*, 52 ECAB 132 (2000).

[8] 5 U.S.C. § 8123(a); *M.N.*, Docket No. 22-0488 (issued February 15, 2023); *L.S.*, Docket No. 19-1730 (issued August 26, 2020); *M.S.*, 58 ECAB 328 (2007).

[9] 20 C.F.R. § 10.321; *M.N.*, *id.*; *P.B.*, Docket No. 20-0984 (issued November 25, 2020); *R.C.*, 58 ECAB 238 (2006).

[10] *See D.M.*, Docket No. 22-1139 (issued January 19, 2023); *Y.I.*, Docket No. 20-0263 (issued November 30, 2020); *Darlene R. Kennedy*, 57 ECAB 414 (2006); *James P. Roberts*, 31 ECAB 1010 (1980).

In a report dated April 18, 2019, Dr. Miller noted his review of the SOAF and the medical record. He opined that the June 5, 2017 injury did not cause a left knee meniscal tear. Dr. Miller found no examination findings or diagnostic evidence supporting a meniscal tear. Moreover, it did not appear that appellant had a left knee problem until two months following the injury based on review of the medical records. In an August 7, 2019 supplemental report, Dr. Miller opined that her painful left knee ROM was unrelated to the left knee sprain. He, in a February 18, 2021 report, noted his examination findings and that a review of the May 9, 2019 MRI scan did not change his opinion. Dr. Miller reiterated that the lack of any objective evidence supporting a left knee meniscal tear based on diagnostic tests or examination findings. Thus, he concluded that there was no evidence of a left knee meniscal tear causally related to the accepted June 15, 2017 employment injury

The Board finds that Dr. Miller accurately described the accepted employment injury and noted his review of the medical record. Dr. Miller performed a thorough clinical examination, reviewed medical evidence and the SOAF, and provided detailed findings. He provided a rationalized opinion regarding whether appellant's claim should be expanded, finding that there was no evidence of a left knee lateral meniscal tear resulting from the accepted June 15, 2017 employment injury. Dr. Miller's opinion, as set forth in his reports constitutes probative and reliable evidence. The Board therefore finds that his opinion is entitled to the special weight accorded to an IME with regard to the issue of whether acceptance of appellant's claim should be expanded to include a left knee lateral meniscal tear.[11] Consequently, appellant has not met her burden of proof to expand the acceptance of her claim.

OWCP subsequently received additional reports from Dr. Strudwick and Dr. Hebrard. Dr. Strudwick, in a report dated July 6, 2022, noted that appellant underwent left knee surgery in September 2021, during which he did not find a lateral meniscal tear, but did find a cartilaginous flap which had been the cause of her symptoms. In an October 11, 2022 report, Dr. Hebrard noted that he had reviewed Dr. Strudwick's July 6, 2022 report and concurred with his assessment. While both Dr. Strudwick and Dr. Hebrard ultimately concurred that appellant had not sustained a lateral meniscal tear, they continued to opine that her left knee condition, was causally related to the accepted employment injury. Both Dr. Hebrard and Dr. Strudwick, were on one side of the conflict resolved by Dr. Miller. The Board has held that reports from a physician who was on one side of a medical conflict are generally insufficient to overcome the special weight accorded to the IME, or to create a new conflict.[12] The reports from Dr. Hebrard and Dr. Strudwick, thus, are insufficient to overcome the special weight accorded to Dr. Miller's opinion, or to create a new conflict in medical opinion regarding expansion of appellant's claim.[13]

[11] *F.A.*, Docket No. 20-1652 (issued May 21, 2021); *W.C.*, Docket No. 19-1740 (issued June 4, 2020); *M.M.*, Docket No. 16-1655 (issued April 4, 2018).

[12] *See P.T.*, Docket No. 22-0841 (issued January 26, 2023); *N.U.*, Docket No. 20-1022 (issued January 25, 2022); *W.C.*, *id*.

[13] *Id*.

As the medical evidence of record is insufficient to establish expansion of appellant's claim to include a left knee lateral meniscal tear as causally related to the accepted June 15, 2017 employment injury, the Board finds that she has not met her burden of proof.

LEGAL PRECEDENT -- ISSUE 2

Section 8103(a) of FECA provides for the furnishing of services, appliances, and supplies prescribed or recommended by a qualified physician which OWCP, under authority delegated by the Secretary, considers likely to cure, give relief, reduce the degree or the period of disability, or aid in lessening the amount of monthly compensation.[14] In interpreting section 8103(a), the Board has recognized that OWCP has broad discretion in approving services provided under FECA to ensure that an employee recovers from his or her injury to the fullest extent possible in the shortest amount of time.[15] OWCP has administrative discretion in choosing the means to achieve this goal and the only limitation on OWCP's authority is that of reasonableness. 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.[16]

While OWCP is obligated to pay for treatment of employment-related conditions, a claimant has the burden of proof to establish that the expenditure is incurred for treatment of the effects of an employment-related injury or condition.[17] In order to prove that a procedure is warranted, a claimant must establish that the procedure was for a condition causally related to the employment injury and that the procedure was medically warranted. Both of these criteria must be met in order for OWCP to authorize payment.[18]

ANALYSIS -- ISSUE 2

The Board finds that OWCP properly denied authorization for the left arthroscopic knee surgery.

As previously noted, OWCP properly found a conflict in the medical opinion evidence relating to whether appellant's claim should be expanded to include left knee lateral meniscal tear and whether arthroscopic repair should be authorized.

In his reports dated April 18, 2019 and February 18, 2021, Dr. Miller, the IME, opined that appellant's left knee arthroscopic surgery was not necessary or appropriate to treat her accepted

[14] *Supra* note 10.

[15] *Id.* at § 8103.

[16] *L.R., supra* note 5; *E.L.*, Docket No. 17-1445 (issued December 18, 2018); *L.W.*, 59 ECAB 471 (2008); *P.P.*, 58 ECAB 673 (2007); *Daniel J. Perea*, 42 ECAB 214 (1990).

[17] *See L.R., id.*; *L.S.*, Docket No. 18-1746 (issued April 9, 2019); *Kennett O. Collins, Jr.*, 55 ECAB 648, 654 (2004).

[18] *Id.*

work-related condition of left knee sprain. His opinion is entitled to the special weight accorded to an IME with regard to the issue of authorization for the left arthroscopic knee surgery.[19] As the conditions for which surgery was requested are not employment related, the procedure was not medically warranted.[20] Thus, the Board finds that OWCP has not abused its discretion by denying appellant authorization for left arthroscopic knee surgery.

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 establish that the acceptance of her claim should be expanded to include a left lateral meniscal tear as causally related to the accepted June 15, 2017 employment injury. The Board further finds that OWCP properly denied her request for authorization for left knee arthroscopic surgery.

ORDER

IT IS HEREBY ORDERED THAT October 25, 2022 decision of the Office of Workers' Compensation Programs is affirmed.

Issued: October 3, 2023
Washington, DC

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

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

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

[19] *See L.R., supra* note 5; *Y.I., supra* note 10; *Darlene R. Kennedy, supra* note 10.

[20] *J.B.*, Docket No. 21-0854 (issued May 18, 2023); *see D.S.*, Docket No. 19-1698 (issued June 18, 2020).