

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

C.B., Appellant)

and)

U.S. POSTAL SERVICE, BELLMAWR POST)
OFFICE, Bellmawr, NJ, Employer)

Docket No. 24-0096
Issued: April 3, 2024

Appearances:

Thomas R. Uliase, Esq., for the appellant¹
Office of Solicitor, for the Director

Case Submitted on the Record

DECISION AND ORDER

Before:

JANICE B. ASKIN, Judge
VALERIE D. EVANS-HARRELL, Alternate Judge
JAMES D. MCGINLEY, Alternate Judge

JURISDICTION

On November 15, 2023 appellant, through counsel, filed a timely appeal from a June 26, 2023 merit decision 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.

ISSUES

The issues are: (1) whether OWCP met its burden of proof to terminate appellant's wage-loss compensation and medical benefits, effective January 10, 2023, as she no longer had disability

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.*

or residuals causally related to her accepted employment injury; and (2) whether appellant has met her burden of proof to expand the acceptance of her claim to include additional conditions as causally related to her accepted employment injury.

FACTUAL HISTORY

On July 1, 2013 appellant, then a 60-year-old general clerk, filed an occupational disease claim (Form CA-2) alleging that she developed carpal tunnel syndrome (CTS) of the right hand/wrist due to repetitive factors of her federal employment. Appellant noted that she first became aware of her condition and realized its relation to her federal employment on February 27, 2012.

On December 18, 2013 OWCP accepted the claim for right CTS.³

On October 12, 2017 Dr. Scott M. Fried, an osteopath Board-certified in orthopedic surgery, performed a neuromusculoskeletal ultrasound and diagnosed left shoulder capsulitis; partial thickness rotator cuff tear; biceps tendinitis; median neuropathy on the right; median neuropathy on the left; radial neuropathy on the left; brachial plexopathy/cervical radiculopathy left with long thoracic neuritis, scapular winging grade 1.5 and vascular; disc space narrowing with radiculopathy; ligament injury; triangular fibrocartilage complex (TFCC) tear on both wrists, grade 2; radial neuropathy left; and carpal tunnel median neuropathy secondary to work activities. He also noted that appellant had disc space narrowing with radiculopathy, neuropathy; radial neuropathy left (radial tunnel); left carpal tunnel median neuropathy; and repetitive strain injury with overuse on the right.

On March 22, 2018 Dr. Fried performed a right carpal tunnel hydroneurolysis. Appellant stopped work on March 22, 2018 and has not returned. OWCP paid appellant wage-loss compensation on the supplemental rolls, effective March 22, 2018, and on the periodic rolls, effective July 22, 2018.

On March 20, 2019 appellant underwent an electroneuromyography (EMNG). Dr. Fried noted findings of right median neuropathy.

In a report dated March 28, 2019, Dr. Fried reiterated the diagnoses he previously made in his October 12, 2017 report.

On April 15, 2019 OWCP referred appellant, along with the case record, a statement of accepted facts (SOAF), and a series of questions to Dr. Noubar Didizian, a Board-certified orthopedic surgeon, for a second opinion examination.

In a May 7, 2019 report, Dr. Didizian examined appellant, noted appellant's history of injury and treatment, and opined that appellant had no objective or neurologic evidence of carpal

³ OWCP assigned the present claim OWCP File No. xxxxxx563. It previously accepted claims under OWCP File No. xxxxxx409 for left shoulder tendinitis and OWCP File No. xxxxxx073 for left CTS. OWCP administratively combined OWCP File Nos. xxxxxx563, xxxxxx073, and xxxxxx409, with the latter serving as the master file.

tunnel syndrome. He concluded that appellant's accepted condition had resolved, that she could return to unrestricted duty, and that she required no further medical treatment.

On June 5, 2019 OWCP found a conflict in medical opinion between Dr. Fried and Dr. Didizian regarding whether appellant continued to have disabling residuals of the accepted right CTS condition. On June 20, 2019 it referred appellant, the medical record, the SOAF, and a list of questions to Dr. Stanley R. Askin, a Board-certified orthopedic surgeon, for an impartial medical examination to resolve the conflict in the medical opinion evidence.

In a July 19, 2019 report, Dr. Askin opined that appellant did not have any objective evidence of her accepted employment-related condition. He further indicated that appellant's general physical condition was a manifestation of her age and there was no injury-related condition preventing return to her date-of-injury job. Dr. Askin further advised that no further medical treatment was necessary and noted that Dr. Fried was not providing any treatment.

On August 8, 2019 Dr. Fried reiterated his diagnoses and indicated that appellant's conditions had flared and required further medical treatment.

On August 16, 2019 OWCP requested that Dr. Askin address whether the claim should be expanded to accept the additional diagnoses offered by Dr. Fried.

In an August 23, 2019 addendum, Dr. Askin noted that appellant had indicated that she had not seen Dr. Fried in a year. He reiterated his opinion that appellant had no current disability from work.

In a letter dated October 17, 2019, Dr. Fried related that appellant remained under his care for her work-related injury. He opined that appellant remained disabled from her regular work activities. Dr. Fried continued to treat appellant, keep her off work, and advised that she could not perform her job duties.

By decision dated March 11, 2020, OWCP denied expansion of the claim to include the additional diagnoses from Dr. Fried.

On March 13, 2020 OWCP advised appellant that it proposed to terminate her wage-loss compensation and medical benefits on the basis that she no longer had residuals of the accepted work-related condition according to the IME. It afforded her 30 days to submit additional evidence or argument challenging the proposed action.

On March 18, 2020 appellant, through counsel, requested a hearing before a representative of OWCP's Branch of Hearings and Review regarding the March 11, 2020 decision.

By decision dated April 15, 2020, OWCP terminated appellant's wage-loss compensation and medical benefits, effective April 16, 2020. It found that the IME's opinion was entitled to the special weight of the medical evidence and established that she had no disability or residuals due to her accepted employment injury.

On April 25, 2020 counsel for appellant requested an oral hearing before a representative of OWCP's Branch of Hearings and Review regarding the April 15, 2020 decision. A hearing was held on July 6, 2020, on both the expansion and termination decisions.

By decision dated August 7, 2020, OWCP's hearing representative set aside the March 11, 2020 decision denying expansion of the claim and reversed the April 15, 2020 termination, finding that appellant's authorized attorney was not notified of the second opinion appointment, and therefore the reports from Dr. Didizian and Dr. Askin were invalid. OWCP was directed to refer appellant for a new second opinion examination.

On September 2, 2020 OWCP referred appellant for a second opinion examination with Dr. Robert DeFalco, Jr., an osteopath specializing in sports medicine, to address the extent and duration of any work-related conditions and whether any of Dr. Fried's diagnoses were causally related to the accepted the claim.

In a September 17, 2020 report, Dr. DeFalco related appellant's medical history and her current physical examination findings. He opined that appellant's accepted right CTS was causally related to the February 27, 2012 injury, and there was no other related medical condition. Dr. DeFalco further opined that appellant's right CTS had resolved based on normal examination findings, no further treatment was needed, and she was capable of returning to her date-of-injury job.

On October 7, 2020 OWCP provided an updated SOAF and requested an addendum from Dr. DeFalco. In an October 12, 2020 addendum report, Dr. DeFalco noted that appellant had a long-standing history of left shoulder complaints dating back to at least 2007; however, a May 2007 magnetic resonance imaging (MRI) scan of the left shoulder revealed only degenerative findings. He opined that the only condition associated with the accepted February 27, 2012 injury was right CTS, which had resolved.

By decision dated March 18, 2021, OWCP denied expansion of the claim for the additional diagnoses listed in Dr. Fried's reports.

On March 19, 2021 OWCP referred appellant, the medical record, SOAF, and a list of questions to Dr. Ian B. Fries, a Board-certified orthopedic surgeon, for an impartial medical examination to resolve a conflict in the medical opinion evidence.

On March 24, 2021 counsel for appellant requested an oral hearing before a representative of OWCP's Branch of Hearings and Review regarding the expansion decision.

Following a preliminary review, by a June 1, 2021 decision, OWCP's hearing representative found the case not in posture for a hearing as OWCP provided an incorrect SOAF which indicated an injury on February 27, 2012, but this was the date when appellant indicated that she realized that she had an occupational disease that occurred over a period of time. OWCP's hearing representative set aside OWCP's March 18, 2021 expansion decision and remanded the

case to OWCP for a corrected SOAF for the impartial medical evaluation scheduled with Dr. Fries.⁴

On December 23, 2021 OWCP referred appellant, the medical record, the updated SOAF, and a list of questions to Dr. Gary Neil Goldstein, a Board-certified plastic and reconstructive surgeon, for an impartial medical examination.

In a February 14, 2022, report, Dr. Goldstein noted appellant's medical history, including cervical and lumbar injections prior to the accepted employment injury, and left shoulder surgery 10 years prior. He noted that review of appellant's medical record indicated that she had numerous workers' compensation cases, but on questioning appellant could not recall her prior injuries. Dr. Goldstein provided extensive physical examination findings. He explained that based on his examination findings, appellant had no clinically active CTS of the right or left hand and no signs of entrapment in the upper extremities, including brachial plexus and elbow. Dr. Goldstein further noted that appellant denied numbness or tingling, and her testing on examination was negative. He related that appellant exhibited rather significant symptom magnification and a great deal of nonanatomic/nonphysiologic behavior. In addendums to his report, Dr. Goldstein confirmed that he reviewed the most recent 2019 EMG which revealed subtle slowing of nerve conduction in the brachial plexus bilaterally, right more so than left, the left ulnar nerve, the left radial and posterior interosseous nerve, and that motor conduction in the median nerve and sensory conduction in the right and left median nerve were normal. He explained that individuals may develop slowing by EMG criteria which was an age-related issue and that weight, thyroid, smoking, and cardiopulmonary disease could be contributory and were noted in appellant's medical record. Dr. Goldstein reiterated his opinion that appellant had no clinically active CTS on either side and no objective loss of nerve function in any nerve in the upper extremity. He explained that appellant was a vague historian and indicated that she could not recall her prior claims or medical problems.

Dr. Goldstein provided a February 25, 2022 supplemental report in which he explained that appellant's lack of need for medication indicated how little symptomatology she had. He reiterated the EMG showed no median nerve issues or entrapment, that EMG's which showed slowing did not establish clinical symptomatology; and that the findings on appellant's EMG were diffuse and not focal, which indicated they were due to age-related metabolic issues.

On March 22, 2022 OWCP requested a supplemental report from Dr. Goldstein. It noted that this was an occupational disease claim and that his report suggested a traumatic injury on February 27, 2012.

In a March 23, 2022 addendum, Dr. Goldstein confirmed his understanding that the claim was occupational in nature, without specific trauma, and that appellant's symptoms manifested around February 27, 2012. He reiterated that appellant related that she had problems with her hands, but did not describe anything specific, such as tingling or numbness, that would be

⁴ In a letter dated August 16, 2021, OWCP provided Dr. Fries with an updated SOAF. However, in an August 31, 2021 memorandum of telephone call (Form CA-110), Dr. Fries' office notified OWCP that he was unable to complete the examination as appellant was oxygen-dependent and became dizzy. In a September 17, 2021 report, he noted that he reviewed the record and advised that she had no residuals of right CTS and no other work-related injury; however, he confirmed that he was unable to conduct a physical examination.

characteristic of CTS. Dr. Goldstein also noted appellant's complaints of neck, mid-back and low back pain. He indicated that appellant had sacroiliac joint disease which appellant related began approximately 10 years prior. Dr. Goldstein explained that findings for occupational overuse would be focal, while appellant's findings were diffuse. Based on his examination findings, he reiterated his opinion that the accepted right CTS had resolved, and appellant had no clinically active CTS on either side. Dr. Goldstein also noted that appellant reported no ongoing complaints regarding her left shoulder and that the findings for her neck and back were age appropriate. He opined that her alleged inability to work was due to age-related degenerative and pulmonary conditions that were age appropriate and not caused by employment factors.

In a letter dated May 25, 2022, OWCP requested that Dr. Goldstein address Dr. Fried's additional diagnoses and whether they were related to factors of appellant's employment.

In a May 25, 2022 addendum, Dr. Goldstein confirmed that appellant had no complaints regarding her hands or upper extremities, including shoulders, humerus, elbows, wrists, and hands; denied any numbness or tingling in the upper extremities; and had no lower extremity complaints to support additional diagnoses. In relation to work capacity, he explained that his examination showed no specific problems with her upper extremities and opined that she could return to age-appropriate work.

By *de novo* decision dated December 6, 2022, OWCP denied expansion of the claim to include the additional conditions diagnosed by Dr. Fried. It explained that the special weight of medical evidence was accorded to the reports from the IME, Dr. Goldstein, who found that there were no additional employment-related conditions.

On December 9, 2022 OWCP advised appellant that it proposed to terminate her wage-loss compensation and medical benefits on the basis that the weight of medical evidence established that she no longer had residuals of the accepted work-related condition(s) or continued disability from work, based on the IME reports from Dr. Goldstein. It afforded her 30 days to submit additional evidence or argument challenging the proposed action.

In a letter dated January 6, 2023, counsel for appellant objected to Dr. Goldstein's evaluation.

By decision dated January 10, 2023, OWCP terminated appellant's medical benefits and wage-loss compensation effective that date. It noted counsel's arguments and explained that it accorded the special weight of the evidence to Dr. Goldstein's reports.

On January 19, 2023 counsel for appellant requested an oral hearing before a representative of OWCP's Branch of Hearings and Review.

In a March 3, 2023 report, Dr. Fried disagreed with Dr. Goldstein's medical findings and opinions.

The hearing was held on April 13, 2023 on the expansion and termination decisions.

By decision dated June 26, 2023, OWCP's hearing representative affirmed the December 6, 2022 expansion, and January 10, 2023 termination decisions.

LEGAL PRECEDENT -- ISSUE 1

Once OWCP accepts a claim and pays compensation, it has the burden of proof to justify termination or modification of an employee's benefits.⁵ After it has determined that an employee has disability causally related to his or her federal employment, OWCP may not terminate compensation without establishing that the disability has ceased or that it is no longer related to the employment.⁶ Its burden of proof includes the necessity of furnishing rationalized medical opinion evidence based on a proper factual and medical background.⁷

The right to medical benefits for an accepted condition is not limited to the period of entitlement for disability compensation.⁸ 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.⁹

Section 8123(a) of FECA provides that, if there is a disagreement between the physician making the examination for the United States and the physician of an employee, the Secretary shall appoint a third physician (known as a referee physician or impartial medical examiner (IME)) who shall make an examination.¹⁰ This is called an impartial examination and OWCP will select a physician who is qualified in the appropriate specialty and who has no prior connection with the case.¹¹

In situations where 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.¹²

⁵ See *T.C.*, Docket No. 19-1383 (issued March 27, 2020); *R.P.*, Docket No. 17-1133 (issued January 18, 2018); *S.F.*, 59 ECAB 642 (2008); *Kelly Y. Simpson*, 57 ECAB 197 (2005).

⁶ See *R.P.*, *id.*; *Jason C. Armstrong*, 40 ECAB 907 (1989); *Charles E. Minnis*, 40 ECAB 708 (1989); *Vivien L. Minor*, 37 ECAB 541 (1986).

⁷ *K.W.*, Docket No. 19-1224 (issued November 15, 2019); see *M.C.*, Docket No. 18-1374 (issued April 23, 2019); *Del K. Rykert*, 40 ECAB 284, 295-96 (1988).

⁸ *A.G.*, Docket No. 19-0220 (issued August 1, 2019); *A.P.*, Docket No. 08-1822 (issued August 5, 2009); *T.P.*, 58 ECAB 524 (2007); *Kathryn E. Demarsh*, 56 ECAB 677 (2005).

⁹ *K.W.*, *supra* note 7; see *A.G.*, *id.*; *James F. Weikel*, 54 ECAB 660 (2003).

¹⁰ 5 U.S.C. § 8123(a); *L.R.*, Docket No. 21-0018 (issued February 17, 2023); *K.C.*, Docket No. 19-0137 (issued May 29, 2020); *M.W.*, Docket No. 19-1347 (issued December 5, 2019); *C.T.*, Docket No. 19-0508 (issued September 5, 2019).

¹¹ 20 C.F.R. § 10.321; *S.W.*, Docket No. 23-0513 (issued September 28, 2023).

¹² See *L.B.*, Docket No. 18-0560 (issued April 20, 2018); *R.C.*, 58 ECAB 238 (2006); *James P. Roberts*, 31 ECAB 1010 (1980).

ANALYSIS -- ISSUE 1

The Board finds that OWCP has met its burden of proof to terminate appellant's wage-loss compensation and medical benefits, effective January 10, 2023, as she no longer had residuals or disability causally related to her accepted right CTS condition.

In order to resolve a conflict in medical opinion, OWCP properly referred appellant to Dr. Goldstein, pursuant to 5 U.S.C. § 8123(a). In a February 14, 2022 report, Dr. Goldstein, the IME, provided extensive examination findings. He related that appellant's examination findings were negative, there was no evidence of clinically active CTS on the right or left, and no signs of entrapment in the upper extremities. Dr. Goldstein noted that appellant engaged in symptom magnification and nonanatomic/ nonphysiologic behavior. In a February 25, 2022 supplemental report, he reiterated that appellant's lack of need for medication confirmed how little symptomatology she had, and that the 2019 EMG revealed findings that were diffuse and not focal, and therefore indicated age-related metabolic causes. In a March 23, 2022 addendum, Dr. Goldstein confirmed his understanding appellant's claim was occupational without specific trauma, and that February 27, 2012 was identified by appellant as the date her symptoms manifested.

The Board finds that the reports and addendums from Dr. Goldstein are well-reasoned, accurately summarized the relevant evidence, provided findings on examination, and reached conclusions regarding appellant's condition which comported with his findings.¹³ As Dr. Goldstein's reports were detailed, well rationalized, and based on a proper factual background, his opinion is entitled to the special weight accorded an IME.¹⁴ The Board finds that the IME's opinion is entitled to the special weight of the evidence and establishes that appellant no longer had residuals or disability causally related to her accepted employment conditions, and that appellant had no additional conditions causally related to or as a consequence of her employment conditions.¹⁵

The remaining evidence submitted prior to OWCP's termination of appellant's compensation is insufficient to overcome the special weight accorded to the IME's opinion. While Dr. Fried provided a March 3, 2023 report, he was on one side of the conflict resolved by Dr. Goldstein. A medical report from a physician on one side of a conflict resolved by an IME is generally insufficient to overcome the special weight accorded the report of an IME or to create a new conflict.¹⁶ As such, the Board finds that the March 3, 2023 report from Dr. Fried is insufficient to overcome the special weight accorded to the opinion of the IME, or to create a new

¹³ See *L.S.*, Docket No. 23-0730 (issued October 4, 2023); *P.H.*, Docket No. 21-1072 (issued May 18, 2022).

¹⁴ *J.A.*, Docket No. 20-1652 (issued May 21, 2021); *W.C.*, Docket No. 19-1740 (issued June 4, 2020).

¹⁵ *D.M.*, Docket No. 18-0746 (issued November 26, 2018); *Melvina Jackson*, 38 ECAB 443 (1987).

¹⁶ See *M.G.*, Docket No. 23-0674 (issued October 3, 2023); *P.T.*, Docket No. 22-0841 (issued January 26, 2023); *N.U.*, Docket No. 20-1022 (issued January 25, 2022).

conflict in medical opinion regarding termination of appellant's wage-loss compensation and medical benefits.¹⁷

The Board, therefore, finds that OWCP properly terminated appellant's wage-loss compensation and medical benefits for the accepted conditions effective January 10, 2023.¹⁸

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.

LEGAL PRECEDENT -- ISSUE 2

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.¹⁹

To establish causal relationship between the condition, as well as any attendant disability claimed and the employment event or incident, the employee must submit rationalized medical opinion evidence based on a complete factual and medical background, supporting such a causal relationship.²⁰ 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 specific employment factors identified by the claimant.²¹ The weight of medical evidence is determined by its reliability, its probative value, its convincing quality, the care of analysis manifested, and the medical rationale expressed in support of the physician's opinion.²²

ANALYSIS -- ISSUE 2

The Board finds that appellant has not met her burden of proof to expand the acceptance of her claim to include additional conditions causally related to her accepted February 27, 20212 employment injury.

OWCP accepted that appellant sustained right CTS. It properly determined that a conflict in medical opinion arose between Dr. Fried, appellant's attending physician, and Dr. DeFalco, an OWCP referral physician, regarding whether the occupational disease claim should be expanded

¹⁷ *Id.*

¹⁸ *See L.B., supra* note 12; *D.G.*, Docket No. 17-0608 (issued March 19, 2018).

¹⁹ *See A.M.*, Docket No. 22-0707 (issued October 16, 2023); *V.P.*, Docket No. 21-1111 (issued May 23, 2022); *S.B.*, Docket No. 19-0634 (issued September 19, 2019); *Jaja K. Asaramo*, 55 ECAB 200, 204 (2004).

²⁰ *K.B.*, Docket No. 22-0842 (issued April 25, 2023); *T.K.*, Docket No. 18-1239 (issued May 29, 2019).

²¹ *R.P.*, Docket No. 18-1591 (issued May 8, 2019).

²² *Id.*

to include additional conditions. As such, OWCP properly referred appellant to Dr. Goldstein for an impartial medical examination.²³

In a February 14, 2022 report, Dr. Goldstein noted appellant's prior history of cervical, shoulder, and lumbar medical treatment. He also noted that appellant could only provide a vague history regarding prior injuries. Dr. Goldstein provided extensive examination findings. He related that appellant's examination findings were negative. Dr. Goldstein noted that appellant engaged in symptom magnification and nonanatomic/nonphysiologic behavior. In a February 25, 2022 supplemental report, he reiterated that appellant's lack of need for medication confirmed how little symptomatology she had. In a March 23, 2022 addendum, Dr. Goldstein confirmed his understanding appellant's claim was occupational without specific trauma. He noted appellant's complaints of neck, mid-back and low back pain. Dr. Goldstein indicated that appellant had sacroiliac joint disease which appellant related began approximately 10 years prior. He explained that findings for occupational overuse would be focal, while appellant's findings were diffuse. In a May 25, 2022 addendum, Dr. Goldstein opined that there were no additional diagnoses causally related to the accepted employment injury and that appellant could return to work.

The Board finds that Dr. Goldstein's opinion is based on review of an accurate factual and medical history, and extensive findings on examination. Dr. Goldstein provided medical rationale regarding appellant's condition which comported with his findings and was explained in his reports and addendums.²⁴ Consequently, his opinion is entitled to the special weight of the evidence, and establishes that appellant had no additional diagnoses that are causally related to her accepted employment injury.²⁵

CONCLUSION

The Board finds that OWCP met its burden of proof to terminate appellant's wage-loss compensation and medical benefits effective January 10, 2023, as she no longer had disability or residuals causally related to her accepted employment injury. The Board further finds that appellant has not met her burden of proof to expand the acceptance of her claim to include additional conditions as causally related to her accepted employment injury.

²³ *J.M.*, 58 ECAB 478 (2007); *Darlene R. Kennedy*, 57 ECAB 414 (2006); *James P. Roberts*, *supra* note 12.

²⁴ *Supra* note 13.

²⁵ *Supra* note 15.

ORDER

IT IS HEREBY ORDERED THAT the June 26, 2023 decision of the Office of Workers' Compensation Programs is affirmed.

Issued: April 3, 2024
Washington, DC

Janice B. Askin, Judge
Employees' Compensation Appeals Board

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

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