

² 5 U.S.C. § 8101 *et seq.*

ISSUES

The issues are: (1) whether OWCP has met its burden of proof to terminate appellant's wage-loss compensation and medical benefits, effective September 13, 2024, as she no longer had disability or residuals causally related to her accepted January 8, 2014 employment injury; and (2) whether appellant has met her burden of proof to establish continuing employment-related disability or residuals, on or after September 13, 2024, causally related to the accepted January 8, 2014 employment injury.

FACTUAL HISTORY

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

On January 16, 2014, appellant, then a 25-year-old police officer, filed a traumatic injury claim (Form CA-1) alleging that on January 8, 2014 she sustained severe left foot pain when walking approximately three-quarters of a mile in work gear while in the performance of duty. OWCP accepted the claim for left plantar fibromatosis and left lower extremity reflex sympathetic dystrophy (RSD). It paid appellant wage-loss compensation for disability from work on the supplemental and periodic rolls as of April 7, 2014.

By decision dated December 4, 2020, OWCP expanded acceptance of appellant's claim to include right lower limb complex region pain syndrome (CRPS) and left upper limb CRPS.

OWCP received reports covering the period December 23, 2020 through March 1, 2024 from Dr. Aaron B. Stein, a Board-certified anesthesiologist, who recounted appellant's medical history and diagnosed lower extremity RSD/CRPS Type 1, chronic pain syndrome, cervical radiculopathy, and cervicalgia.

In a note dated March 18, 2024, Dr. Stein diagnosed CRPS/RSD of bilateral upper and lower extremities. He opined that appellant's left lower extremity CRPS/RSD spread to both upper extremities and to her right lower extremity. Dr. Stein explained that the spread of RSD from one extremity to another was a well-known phenomenon and well accepted in the medical community.

In a report dated March 27, 2024, Dr. Robert R. Reppy, an osteopathic physician specializing in family medicine, recounted appellant's history of injury. He reported appellant's physical examination findings including, mottling skin color, skin temperature cool to touch, edema at ankles and wrists, and moist and clammy skin. A bone scan was consistent with CRPS. Dr. Reppy related that appellant possessed every diagnostic criteria point for CRPS. He diagnosed bilateral lower extremity CRPS, left upper extremity RSD, and left plantar fibromatosis.

On April 23, 2024, OWCP referred appellant, along with the case record, a June 29, 2020 SOAF, and a series of questions to Dr. Christo W. Koulisis, a Board-certified orthopedic surgeon, for a second opinion evaluation, regarding the nature of her condition, the extent of disability, and

³ Docket No. 18-0978 (issued September 6, 2019); Docket No. 20-1139 (issued June 30, 2021).

appropriate treatment recommendations. The SOAF provided to Dr. Koullisis noted only left plantar fibromatosis and RSD of the left foot and ankle as the accepted conditions.

In reports dated April 24 and July 30, 2024, Dr. Reppy reiterated his prior findings and diagnoses.

On April 29, 2024, Dr. Reppy requested expansion of the acceptance of appellant's claim to include right upper extremity CRPS. He explained that usually CRPS is not limited to one extremity and as a sympathetic nervous system pathology usually spreads to adjacent areas. Dr. Reppy further related that CRPS spreads to other extremities and becomes bilateral because the sympathetic nervous system, unlike the somatic system, has bilateral innervations. During the development of the embryo, it follows the blood vessels rather than a specific nerve root distribution, therefore the condition manifests itself on both sides rather than unilaterally, and therefore the spread of CRPS to the right upper extremity from the left was the norm, not the exception.

In a second opinion report dated June 17, 2024, Dr. Koullisis recounted that appellant's claim was accepted for left plantar fibromatosis, and was later expanded to include RSD of the left foot and ankle. He reported findings of appellant's physical examination, including slow, deliberate gait; reflexes 1+ and equal; sensation intact to light touch, pinprick, and vibration; 5/5 Waddell's; subjectively limited upper and lower extremity range of motion (ROM), and agitation during examination. Dr. Koullisis opined that appellant did not have symptoms of RSD and had no residuals from the accepted employment left plantar fibromatosis and left lower extremity RSD. He concluded that appellant no longer had disability or residuals due to the accepted January 8, 2014 employment injury and there was no evidence to support expansion of the claim to include RSD. However, Dr. Koullisis reported rather significant pain behaviors. He found appellant capable of performing her date-of-injury job as a police officer with no restrictions. In a June 17, 2024 work capacity evaluation (Form OWCP-5c), Dr. Koullisis provided the same opinion on work capacity.

On August 8, 2024, OWCP proposed to terminate appellant's wage-loss compensation and medical benefits, finding that her January 8, 2014 employment injury had resolved. It found that the weight of medical evidence rested with the June 17, 2024 report of Dr. Koullisis, OWCP's second opinion physician, who opined that she no longer had disability or residuals causally related to her accepted January 8, 2014 employment injury. OWCP afforded appellant 30 days to submit additional evidence or argument, in writing, if she disagreed with the proposed termination.

Dr. Reppy, in an August 19, 2024 rebuttal letter, addressed Dr. Koullisis' June 17, 2024 report, asserting that Dr. Koullisis doubted the existence of RSD and CRPS and did not properly assess appellant for these conditions. Contrary to Dr. Koullisis' finding, appellant did have many of the diagnostic criteria for these conditions, including burning, chronic pain, loss of strength, sensitivity to cold and touch, changes in skin color and texture, and joint stiffness. On physical examination appellant demonstrated the same sensitivity and variation in surface temperature for both the right upper extremity and left lower extremity, and identical hyperalgesia and dyesthesia in the opposite extremity.

Dr. Stein, in an August 23, 2024 report, recounted appellant's history of illness and diagnosed bilateral lower extremity RSD/CRPS, chronic pain syndrome, cervical radiculopathy, and cervicalgia.

In a September 10, 2024 report, Dr. Reppy reiterated his prior diagnoses and examination findings.

By decision dated September 13, 2024, OWCP finalized the termination of appellant's wage-loss compensation and medical benefits, effective that date. It found that the weight of the medical evidence rested with Dr. Koullisis, the second opinion physician, who had determined in his June 17, 2024 report that appellant no longer had disability or residuals causally related to the accepted January 8, 2014 employment injury.

On October 15, 2024, appellant, through counsel, requested reconsideration, asserting that Dr. Koullisis failed to recognize all the accepted conditions and, thus, his report was insufficient to carry the weight of the medical opinion evidence.

Appellant, in an October 21, 2024 statement, recounted her experience with Dr. Koullisis. She recalled that he told her that CRPS does not travel from one extremity to another. Appellant further asserted that Dr. Koullisis did not touch either hand or foot at any time during his examination, nor did he take any measures to determine swelling, range of motion, or temperature changes.

Dr. Reppy, in a November 12, 2024 report, reiterated his prior diagnoses and examination findings.

By decision dated November 26, 2024, OWCP denied modification of the September 13, 2024 decision.

OWCP subsequently received an August 28, 2024 report from Dr. Thomas Fusco, a podiatrist. Dr. Fusco related that appellant's physical examination findings included left lower extremity diffuse pain with light touch sensation from the tibia midshaft to the toes; medial and lateral left ankle mild edema; diffuse pain on palpation; anterior talofibular ligament pain on palpation, peroneal tendon pain on palpation; and diminished dorsiflexion strength. He diagnosed left lower limb CPRS. Dr. Fusco attributed appellant's condition to her left foot employment injury.

On March 5, 2025, appellant, through counsel, requested reconsideration. Accompanying the request was a February 28, 2025 note from Dr. Fusco who recounted that appellant's February 10, 2025 examination demonstrated multiple symptoms of CPRS/RSD in both lower extremities and left plantar fasciitis. Additionally, a bone scan was consistent with CRPS of both lower extremities.

In a February 10, 2025 report, Dr. Fusco detailed lower extremity physical examination findings to include vascular status intact; skin temperature warm to cold; slight mottling; diminished light touch sensation; pain with light touch; and pain on palpation of the plantar fascial origin worse on the left; diminished muscle strength and range of motion bilaterally; antalgic gait. He noted his disagreement with Dr. Koullisis that appellant did not demonstrate CRPS/RSD.

Dr. Fusco explained that she exhibited classical symptoms of this condition as found by numerous physicians over the years.

By decision dated March 19, 2025, OWCP denied modification.

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.⁴ 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.⁵ Its burden of proof includes the necessity of furnishing rationalized medical opinion evidence based on a proper factual and medical background.⁶

The right to medical benefits for an accepted condition is not limited to the period of entitlement for disability.⁷ To terminate authorization for medical treatment, OWCP must establish that appellant no longer has residuals of an employment-related condition, which would require further medical treatment.⁸

ANALYSIS -- ISSUE 1

The Board finds that OWCP failed to meet its burden of proof to terminate appellant's wage-loss compensation and medical benefits, effective September 13, 2024.

OWCP referred appellant to Dr. Koullis for a second opinion evaluation to determine the status of her accepted conditions and work capacity. At the time of the referral, the last SOAF of record was dated June 29, 2020, prior to OWCP's December 4, 2020 expansion of the acceptance of the claim to include CRPS of the right lower limb and CRPS of the left upper limb. In his June 17, 2024 report, Dr. Koullis opined that appellant had no residuals from the accepted employment-related conditions of left plantar fibromatosis and left lower extremity RSD. He concluded that appellant was no longer disabled and no longer had residuals of the accepted January 8, 2014 employment injury.

⁴ See *J.P.*, Docket No. 23-0075 (issued August 22, 2024); *D.G.*, Docket No. 19-1259 (issued January 29, 2020); *R.P.*, Docket No. 17-1133 (issued January 18, 2018); *S.F.*, 59 ECAB 642 (2008); *Kelly Y. Simpson*, 57 ECAB 197 (2005); *Paul L. Stewart*, 54 ECAB 824 (2003).

⁵ See *J.P.*, *id.*; *R.P.*, *id.*; *Jason C. Armstrong*, 40 ECAB 907 (1989); *Charles E. Minnis*, 40 ECAB 708 (1989); *Vivien L. Minor*, 37 ECAB 541 (1986).

⁶ *J.P.*, *id.*; *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).

⁷ *P.G.*, Docket No. 24-0437 (issued June 26, 2024); *J.W.*, Docket No. 19-1014 (issued October 24, 2019); *L.W.*, Docket No. 18-1372 (issued February 27, 2019).

⁸ *P.G.*, *id.*; *L.S.*, Docket No. 19-0959 (issued September 24, 2019); *R.P.*, Docket No. 18-0900 (issued February 5, 2019).

It is OWCP's responsibility to provide a complete and proper frame of reference for a physician by preparing a SOAF.⁹ OWCP's procedures dictate that, when a district medical adviser, second opinion specialist, or referee physician renders a medical opinion based on a SOAF, which is incomplete or inaccurate, or does not use the SOAF as the framework in forming his or her opinion, the probative value of the opinion is seriously diminished or negated altogether.¹⁰

OWCP did not provide Dr. Koullisis with a complete, accurate SOAF. The June 29, 2020 SOAF omitted the accepted conditions of CRPS of the right lower limb and CRPS of the left upper limb. As Dr. Koullisis' opinion was not based on a proper SOAF, it is of diminished probative value.¹¹ The Board thus finds that OWCP failed to meet its burden of proof to terminate appellant's wage-loss compensation effective September 13, 2024.¹²

CONCLUSION

The Board finds that OWCP failed to meet its burden of proof to terminate appellant's wage-loss compensation and medical benefits, effective September 13, 2024.

⁹ *R.V.*, Docket No. 23-1151 (issued April 9, 2024); *M.B.*, Docket No. 21-0060 (issued March 17, 2022); *J.N.*, Docket No. 19-0215 (issued July 15, 2019); *Kathryn E. Demarsh*, 56 ECAB 677 (2005).

¹⁰ *Order Remanding Case, R.W.*, Docket No. 19-1109 (issued January 2, 2020); Federal (FECA) Procedure Manual, Part 3 -- Medical, *Requirements for Medical Reports*, Chapter 3.600.3 (October 1990).

¹¹ *Id.* See also *B.C.*, Docket No. 20-1672 (issued February 8, 2023); *C.S.*, Docket No. 20-1475 (issued October 4, 2021).

¹² In light of the Board's disposition of Issue 1, Issue 2 is rendered moot.

ORDER

IT IS HEREBY ORDERED THAT the March 19, 2025 decision of the Office of Workers' Compensation Programs is reversed.

Issued: May 13, 2025
Washington, DC

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

Janice B. Askin, Judge
Employees' Compensation Appeals Board

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