BRB No. 12-0543 BLA

CARL E. MATLICK	)	
	)	
Claimant-Respondent	)	
	)	
v.	)	
	)	
EAST VIEW TRUCKING, INCORPORATED	)	
	)	
and	)	
	)	
WEST VIRGINIA COAL WORKERS' PNEUMOCONIOSIS FUND	)	DATE ISSUED: 05/30/2013
	)	
Employer/Carrier-Petitioners	)	
	)	
DIRECTOR, OFFICE OF WORKERS' COMPENSATION PROGRAMS, UNITED STATES DEPARTMENT OF LABOR	)	
	)	
Party-in-Interest	)	DECISION and ORDER

Appeal of the Decision and Order Awarding Benefits of Thomas M. Burke, Administrative Law Judge, United States Department of Labor.

Lynda D. Glagola (Lungs at Work), McMurray, Pennsylvania, lay representative, for claimant.

Francesca Tan (Jackson Kelly PLLC), Morgantown, West Virginia, for employer/carrier.

Before: SMITH, McGRANERY, and HALL, Administrative Appeals Judges.

PER CURIAM:

Employer/carrier (employer) appeals the Decision and Order Awarding Benefits (2010-BLA-5105) of Administrative Law Judge Thomas M. Burke, rendered on a claim

filed pursuant to the provisions of the Black Lung Benefits Act, as amended, 30 U.S.C. §§901-944 (Supp. 2011) (the Act).[1] This case involves a claim filed on November 28, 2008. Director's Exhibit 2. The administrative law judge credited claimant with more than thirty-seven years of coal mine employment,[2] including 1.61 years of underground coal mine employment, and 36.37 years as a coal truck driver, and found that the evidence established the existence of legal pneumoconiosis pursuant to 20 C.F.R. §718.202(a)(4).[3] The administrative law judge further found that the evidence established that claimant is totally disabled due to legal pneumoconiosis pursuant to 20 C.F.R. §718.204(b)(2), (c). Accordingly, the administrative law judge awarded benefits.

On appeal, employer challenges the administrative law judge's evaluation of the evidence regarding the existence of legal pneumoconiosis pursuant to 20 C.F.R. §718.202(a)(4), total respiratory disability pursuant to 20 C.F.R. §718.204(b)(2)(ii), (iv), and disability causation pursuant to 20 C.F.R. §718.204(c). Claimant responds, urging affirmance of the award of benefits. The Director, Office of Workers' Compensation Programs, has not filed a response brief.

The Board's scope of review is defined by statute. The administrative law judge's Decision and Order must be affirmed if it is rational, supported by substantial evidence, and in accordance with applicable law. 33 U.S.C. §921(b)(3), as incorporated by 30

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[1] The 2010 amendments to the Black Lung Benefits Act, which became effective on March 23, 2010, do not apply to this case, because the administrative law judge found that claimant did not establish at least fifteen years of underground coal mine employment, or coal mine employment in conditions substantially similar to those in an underground mine. *See* 30 U.S.C. §921(c)(4), *amended by* Pub. L. No. 111-148, §1556(a), 124 Stat. 119, 260 (2010); Decision and Order at 11-13

[2] Claimant's coal mine employment was in West Virginia. Director's Exhibit 4. Accordingly, this case arises within the jurisdiction of the United States Court of Appeals for the Fourth Circuit. *See Shupe v. Director, OWCP*, 12 BLR 1-200, 1-202 (1989) (en banc).

[3] A finding of either clinical pneumoconiosis, *see* 20 C.F.R. §718.201(a)(1), or legal pneumoconiosis, *see* 20 C.F.R. §718.201(a)(2), is sufficient to support a finding of pneumoconiosis pursuant to 20 C.F.R. §718.202(a)(4). Clinical pneumoconiosis is a disease "characterized by [the] permanent deposition of substantial amounts of particulate matter in the lungs and the fibrotic reaction of the lung tissue to that deposition caused by dust exposure in coal mine employment." 20 C.F.R. §718.201(a)(1). Legal pneumoconiosis includes "any chronic lung disease or impairment and its sequelae arising out of coal mine employment." 20 C.F.R. §718.201(a)(2).

U.S.C. §932(a); *O'Keeffe v. Smith, Hinchman & Grylls Associates, Inc.*, 380 U.S. 359 (1965).

To establish entitlement to benefits under 20 C.F.R. Part 718, a miner must establish that he has pneumoconiosis, that the pneumoconiosis arose out of his coal mine employment, and that he is totally disabled due to pneumoconiosis. 20 C.F.R. §§718.3, 718.202, 718.203, 718.204. Failure to establish any of these elements precludes entitlement. *Trent v. Director, OWCP*, 11 BLR 1-26 (1987); *Perry v. Director, OWCP*, 9 BLR 1-1 (1986) (en banc).

Legal Pneumoconiosis

Employer argues that the administrative law judge erred in finding that the medical opinion evidence established the existence of legal pneumoconiosis pursuant to 20 C.F.R. §718.202(a)(4). The administrative law judge considered the opinions of Drs. Rasmussen, Cohen, Fino, and Bellotte.[4] Drs. Rasmussen and Cohen diagnosed claimant with legal pneumoconiosis, in the form of emphysema due to coal mine dust exposure and smoking, as reflected by claimant's reduced diffusion capacity and gas exchange impairment. Employer's Exhibits 7 at 30-37, 41, 46-48; 15 at 50-58, 73-74. In contrast, Dr. Fino attributed claimant's emphysema, reduced diffusion capacity, and shortness of breath entirely to smoking, and thus did not diagnose legal pneumoconiosis. Employer's Exhibit 13 at 28-34. Dr. Bellotte also concluded that claimant does not have legal pneumoconiosis, but suffers from chronic obstructive pulmonary disease (COPD) and emphysema, due to smoking, and an asthmatic element, unrelated to coal mine dust exposure. Employer's Exhibit 12 at 12-24, 50-51. The administrative law judge credited the opinions of Drs. Rasmussen and Cohen as well-reasoned and documented, and discounted the opinions of Drs. Fino and Bellotte, to conclude that claimant established the existence of legal pneumoconiosis.[5] Decision and Order at 21-23.

[4] The administrative law judge also considered the opinion of Dr. Celko, that claimant suffers from chronic asthmatic bronchitis due to coal mine dust exposure and smoking. Decision and Order at 6, 20; Director's Exhibit 13; Employer's Exhibit 14. The administrative law judge found that Dr. Celko's opinion did not constitute probative evidence as to the presence or absence of legal pneumoconiosis, because the physician did not address whether claimant's chronic bronchitis is "significantly related to, or substantially aggravated by" coal mine dust exposure, as set forth at 20 C.F.R. §718.201(b). Decision and Order at 20.

[5] Additionally, the administrative law judge found that Drs. Rasmussen and Cohen are the best qualified physicians, based on their credentials and experience. Decision and Order 22-23.

Employer argues that the administrative law judge erred in relying on Dr. Rasmussen's opinion to support a finding of legal pneumoconiosis. Employer's Brief at 7-13. We disagree. Whether the conclusions set forth in a medical opinion are reasoned and documented is a determination committed to the administrative law judge's discretion. *See Milburn Colliery Co. v. Hicks*, 138 F.3d 524, 533, 21 BLR 2-323, 2-335 (4th Cir. 1998); *Sterling Smokeless Coal Co. v. Akers*, 131 F.3d 438, 441, 21 BLR 2-269, 2-275-76 (4th Cir. 1997). The administrative law judge permissibly found that Dr. Rasmussen's opinion, that claimant's emphysema, reduced diffusion capacity, and gas exchange impairment are due to a combination of both smoking and coal mine dust exposure, is both reasoned and documented,[6] because Dr. Rasmussen set forth the evidence he relied on, and explained how the objective studies of record supported his diagnosis of legal pneumoconiosis. *See Hicks*, 138 F.3d at 533, 21 BLR at 2-335; *Akers*, 131 F.3d at 441, 21 BLR at 2-275-76; *Clark v. Karst-Robbins Coal Co.*, 12 BLR 1-149, 1-155 (1989) (en banc); *Lucostic v. United States Steel Corp.*, 8 BLR 1-46, 1-47 (1985); Decision and Order at 21-22.

Furthermore, the administrative law judge was not required to find Dr. Rasmussen's opinion to be equivocal, when the doctor opined that smoking, coal mine dust, asbestos, and ulcerative colitis are all potential causes of claimant's impairment, and none could be excluded. Employer's Brief at 16; Claimant's Exhibit 1. The administrative law judge permissibly found that, while Dr. Rasmussen initially identified all possible contributors to claimant's pulmonary impairment, Dr. Rasmussen ultimately concluded that claimant's coal mine dust exposure and cigarette smoking are both significant contributing causes of claimant's impairment. *Piney Mountain Coal Co. v. Mays*, 176 F.3d 753, 763-64, 21 BLR 2-587, 2-606 (4th Cir. 1999); Decision and Order at 20; Claimant's Exhibit 1; Employer's Exhibit 7 at 30-37, 41, 46-48. Thus, we affirm the administrative law judge's determination that Dr. Rasmussen's opinion is both credible, and sufficient to satisfy claimant's burden of proof. *See* 20 C.F.R. §718.201(a)(2), (b).

Employer next argues that the administrative law judge erroneously credited Dr. Cohen's opinion. Employer contends that Dr. Cohen failed to explain why he concluded that claimant has legal pneumoconiosis when claimant's pulmonary function studies are

[6] The administrative law judge found that Dr. Rasmussen based his opinion on: physical examination; smoking, employment and coal mine dust exposure histories; medical history of cardiac treatment, stent placements, anemia, gastroesophageal reflux disease, and ulcerative colitis; pulmonary function studies revealing a slight irreversible obstructive impairment and markedly reduced single breath carbon monoxide diffusing capacity; and an exercise arterial blood gas study indicating marked impairment in oxygen transfer during light to moderate exercise. Decision and Order at 6-7; Claimant's Exhibit 1; Employer's Exhibit 7.

non-qualifying[7] and show a significant response to bronchodilators. Employer's Brief at 13-14. This argument lacks merit. Dr. Cohen diagnosed claimant with emphysema, and opined that his pulmonary function studies indicate a "severe diffusion impairment" and that his qualifying exercise blood gas study showed "abnormal ventilatory limitation to exercise and very abnormal gas exchange with exercise." Claimant's Exhibit 2. Dr. Cohen opined that claimant's impairment is due to both tobacco smoke and coal mine dust exposure, because both toxins cause the same reaction in the lungs and there is no evidence to suggest that a person can be susceptible to one toxin but not the other. Claimant's Exhibit 2; Employer's Exhibit 15 at 50-51, 73-74. The administrative law judge acted within his discretion in determining that Dr. Cohen's opinion is reasoned and documented and sufficient to support a finding of legal pneumoconiosis.[8] 20 C.F.R. §718.201(a)(2); *see Hicks*, 138 F.3d at 533, 21 BLR at 2-335; *Akers*, 131 F.3d at 441, 21 BLR at 2-275-76; Decision and Order at 21.

Employer also argues that the administrative law judge erred in discrediting the opinions of Drs. Fino and Bellotte. Employer's Brief at 14-29. We disagree. The administrative law judge correctly noted that Dr. Fino's opinion, that claimant's emphysema is due entirely to smoking, was primarily based on the variability in claimant's obstructive defect, which he stated is inconsistent with obstructive lung disease due to coal mine dust exposure. Decision and Order at 21-22; Employer's Exhibits 3, 13. The administrative properly found, however, that neither Dr. Rasmussen nor Dr. Cohen opined that claimant has legal pneumoconiosis in the form of an obstructive impairment causally related to coal mine dust exposure. Decision and Order at 22. Rather, both physicians agreed with Dr. Fino that the degree of claimant's obstruction varies, but explained that the critical manifestation of claimant's emphysema is his reduced diffusion capacity and gas exchange impairment, reflected on his pulmonary function and exercise blood gas studies, and that these conditions are consistent with coal mine dust-induced disease. Decision and Order at 22; Claimant's

[7] A "qualifying" pulmonary function or blood gas study yields values that are equal to or less than the values specified in the tables at 20 C.F.R. Part 718, Appendices B and C, for establishing total disability. *See* 20 C.F.R. §718.204(b)(2)(i), (ii). A "non-qualifying study exceeds those values.

[8] We reject employer's assertion that Dr. Cohen relied on an incorrect smoking history. Employer's Brief at 13. Dr. Cohen initially believed that claimant had thirty-seven years of exposure to pipe tobacco smoke, which he considered to have had a "small contribution" to claimant's impairment. Claimant's Exhibit 2 at 8. He later testified, however, that even if claimant smoked a pack of cigarettes a day in addition to his pipe smoking, his coal mine employment would have been a significant factor in causing his impairment. Employer's Exhibit 15 at 73-74.

Exhibits 1, 2; Employer's Exhibits 7 at 13, 26; 15 at 57-58. Contrary to employer's argument, the administrative law judge permissibly discounted Dr. Fino's opinion because he did not adequately address the etiology of claimant's reduced diffusion capacity and severe gas exchange impairment, as reflected by his pulmonary function and exercise blood gas studies. *See Hicks*, 138 F.3d at 533, 21 BLR at 2-335; *Akers*, 131 F.3d at 441, 21 BLR at 2-275-76; *Clark*, 12 BLR at 1-155; Decision and Order at 22.

In discounting the opinion of Dr. Bellotte, the administrative law judge correctly noted that Dr. Bellotte relied, in part, on the absence of x-ray evidence of coal dust deposits in claimant's lungs to support his conclusion that only claimant's cigarette smoking, and not his coal mine dust exposure, caused his emphysema. Decision and Order at 22; Employer's Exhibit 12 at 11-12, 22-23. The administrative law judge permissibly declined to credit Dr. Bellotte's reasoning, finding it to be contrary to the Department of Labor's recognition that coal mine dust can cause clinically significant obstructive lung disease, even in the absence of x-ray evidence of clinical pneumoconiosis. *See A & E Coal Co. v. Adams*, 694 F.3d 798, 801-02, 25 BLR 2-203, 2-210-11 (6th Cir. 2012); *see also Harman Mining Co. v. Director, OWCP* [*Looney*], 678 F.3d 305, 311-12, 25 BLR 2-115, 2-125 (4th Cir. 2012); Decision and Order at 6.

In weighing the conflicting medical opinion evidence, the administrative law judge properly addressed the explanations provided by the physicians for their conclusions, the documentation underlying their medical judgments, and the sophistication of, and bases for, their diagnoses.[9] *See Underwood v. Elkay Mining, Inc.*, 105 F.3d 946, 21 BLR 2-23 (4th Cir. 1997); Decision and Order at 21-23. The administrative law judge's decision to accord the greatest weight to the opinions of Drs. Rasmussen and Cohen is supported by substantial evidence. *See Compton v. Island Creek Coal Co.*, 211 F.3d 203, 207-08, 22 BLR 2-162, 2-168 (4th Cir. 2000); *Lane v. Union Carbide Corp.*, 105 F.2d 166, 174, 21 BLR 2-34, 2-48 (4th Cir 1997). We therefore affirm the administrative law judge's finding that the medical opinion evidence establishes the existence of legal pneumoconiosis, in the form of emphysema, manifested

[9] As we have affirmed the administrative law judge's determination that the opinions of Drs. Fino and Bellotte are not well-reasoned, we need not address employer's contention that the administrative law judge erred in also finding these physicians to be less highly qualified than Drs. Rasmussen and Cohen. *See Shinseki v. Sanders*, 556 U.S. 396, 413 (2009); *Kozele v. Rochester & Pittsburgh Coal Co.*, 6 BLR 1-378, 1-382 n.4 (1983); Employer's Brief at 54.

by a reduced diffusion capacity and gas exchange impairment due, in part, to coal mine dust exposure.[10] 20 C.F.R. §718.202(a)(4).

Total Disability

To establish total disability, claimant must establish that he suffers from a pulmonary or respiratory impairment that prevents him from performing his usual coal mine work as a coal truck driver. 20 C.F.R. §718.204(b)(1)(i). The administrative law judge considered pulmonary function studies, arterial blood gas studies, and medical opinions in determining whether claimant is totally disabled. *See* 20 C.F.R. §718.204(b)(2).

The administrative law judge initially found, correctly, that the five pulmonary function studies and five resting blood gas studies of record produced non-qualifying values pursuant to 20 C.F.R. §718.204(b)(2)(i), (ii). Decision and Order at 14-15. The administrative law judge further found, however, that the sole exercise blood gas study of record, conducted by Dr. Rasmussen on September 8, 2009, produced qualifying values. Decision and Order at 14-15; Claimant's Exhibit 1. Finding that the qualifying exercise value was the most probative indicator of the miner's ability to do his usual coal mine work, which required him to climb in and out of the cab of a truck and clean the truck daily, the administrative law judge found that the arterial blood gas study evidence supports a finding of total disability. Decision and Order at 15. Finally, the administrative law judge weighed the medical opinion evidence and credited the opinions of Drs. Rasmussen and Cohen, that claimant has a totally disabling respiratory impairment, over the contrary opinions of Drs. Celko, Fino and Bellotte. Decision and Order at 15-17. Considering all of the evidence together, the administrative law judge found that claimant is totally disabled pursuant to 20 C.F.R. §718.204(b). *Id*. at 17-18.

Employer asserts that the administrative law judge failed to explain how one qualifying exercise arterial blood gas study "establishes total disability" in light of the non-qualifying pulmonary function and resting arterial blood gas studies of record. Employer's Brief at 30-31. This argument lacks merit. As an initial matter, the administrative law judge did not find that the exercise blood gas study, by itself, established total disability. Instead, he permissibly found that it was more probative than the resting blood gas studies, based on the exertional requirements of claimant's job

[10] The administrative law judge properly recognized that his finding of legal pneumoconiosis necessarily subsumed the inquiry of whether claimant's pneumoconiosis arose out of his coal mine employment. *See* 20 C.F.R. §718.203; *Kiser v. L&J Equip. Co.*, 23 BLR 1-246, 1-259 n.18 (2006); *Henley v. Cowan & Co.*, 21 BLR 1-147, 1-151 (1999); Decision and Order at 23.

duties, *see Hicks*, 138 F.3d at 528, 21 BLR at 2-326 (4th Cir. 1998), and weighed all of the relevant evidence together, including the non-qualifying pulmonary function studies and medical opinions, in determining that claimant is totally disabled. Decision and Order at 15-18. Moreover, because blood gas and pulmonary function studies measure different types of impairment, the administrative law judge was not required to find that the non-qualifying pulmonary function studies undermined the qualifying exercise blood gas study. *See Sheranko v. Jones and Laughlin Steel Corp.* 6 BLR 1-797 (1984). We therefore affirm the administrative law judge's finding that the arterial blood gas study evidence supports a finding of total disability, pursuant to 20 C.F.R. §718.204(b)(2)(ii).

Employer also contends that the administrative law judge erred in weighing the medical opinion evidence. Relevant to total disability at 20 C.F.R. §718.204(b)(2)(iv), the administrative law judge considered the opinions of Drs. Rasmussen, Cohen, Celko, Fino, and Bellotte. Drs. Rasmussen and Cohen opined that claimant's reduced single breath diffusion capacity and marked impairment in oxygen transfer during exercise, as reflected by the pulmonary function and exercise blood gas study results, rendered claimant unable to perform his usual coal mine work as a truck driver. In contrast, Drs. Celko, Fino, and Bellotte opined that claimant does not have a totally disabling respiratory impairment, but is disabled due to cardiac disease. The administrative law judge credited the opinions of Drs. Rasmussen and Cohen, over the opinions of Drs. Celko, Fino, and Bellotte, to conclude that the medical opinions support a finding of total disability at 20 C.F.R. §718.204(b)(2)(iv).

Employer asserts that the administrative law judge erred in discounting the opinion of Dr. Celko. Dr. Celko examined claimant on behalf of the Department of Labor, and performed pulmonary function and blood gas testing. In his written report, Dr. Celko opined that claimant is not totally disabled from a pulmonary standpoint. Director's Exhibit 13. In his deposition, however, when asked whether claimant retained the pulmonary capacity to perform his usual coal mine work, he responded: "Based upon his FEV1 there shouldn't be any limitation. I can't answer how he would do from an exercise standpoint because his diffusing capacity is low . . . but that would be the thing that I would really be concerned about." Employer's Exhibit 14 at 26-27. Because Dr. Celko expressed doubts about claimant's ability to exercise, and because he neither obtained, nor reviewed, any exercise blood gas study results, but based his opinion on limited medical data, the administrative law judge permissibly found his opinion to be less probative on the issue of total disability. *See Sabett v. Director, OWCP*, 7 BLR 1-299, 1-301 n.1 (1984); Decision and Order at 15. Contrary to employer's contention, the administrative law judge did not act inconsistently in discrediting Dr. Celko, when he credited the opinions of Drs. Rasmussen and Cohen, who also did not review all of the medical evidence of record, as both of these latter physicians reviewed the majority of the record evidence, including the results of the exercise blood gas study. *See Hicks*, 138 F.3d at 533, 21 BLR at 2-335; *Akers*, 131 F.3d at 441, 21 BLR at 2-275-76; *Anderson v.*

Valley Camp of Utah, Inc., 12 BLR 1-111, 1-113 (1989); Employer's Exhibit 7 at 7-8; Claimant's Exhibit 2; Employer's Brief at 32-36.

Nor is there merit to employer's contention that the administrative law judge erred in finding that the opinions of Drs. Rasmussen and Cohen support a finding of total respiratory disability, despite the fact that the results of the pulmonary functions studies of record are all non-qualifying. Employer's Brief at 36-37. The administrative law judge correctly found that both Drs. Rasmussen and Cohen explained that while the pulmonary function studies and resting blood gas studies are non-qualifying, the pulmonary function studies nonetheless revealed a reduced diffusion capacity, and the more probative exercise blood gas study revealed a marked gas exchange impairment, and that these conditions would prevent claimant from doing the work of a truck driver. Decision and Order at 16; Employer's Exhibits 7 at 29-31, 39-41; 15 at 57-58, 71-72. As the administrative law judge permissibly found the opinions of Drs. Rasmussen and Cohen to be well-reasoned, because they explained how the objective data supported their conclusions, we affirm the administrative law judge's determination that the opinions of Drs. Rasmussen and Cohen are sufficient to support a finding of total disability, pursuant to 20 C.F.R. §718.204(b)(2)(iv). *See Hicks*, 138 F.3d at 533, 21 BLR at 2-335; *Akers*, 131 F.3d at 441, 21 BLR at 2-275-76; Decision and Order at 16.

Employer next asserts that the administrative law judge erred in discounting, as equivocal and not well-reasoned, the opinions of Drs. Fino and Bellotte that claimant does not have a totally disabling respiratory impairment, but is disabled from cardiac disease. We disagree. The administrative law judge correctly noted that Dr. Fino initially characterized the results of claimant's qualifying exercise blood gas study as reflecting a "slight decrease in the PO2 with exertion," which was "of no clinical significance," taking into consideration the 3,000 foot altitude of Beckley, West Virginia, where the study was performed. Employer's Exhibits 3 at 9, 13 at 22-23; Decision and Order at 17. However, when Dr. Fino was informed that Beckley is actually under 2,500 feet in altitude, he continued to minimize the significance of the drop in claimant's PO2 with exercise. Decision and Order at 17; Employer's Exhibit 13 at 22-25. Noting that the regulations adjust the qualifying blood gas study values to differences in altitude only for areas over 2,999 feet, *see* 20 C.F.R. Part 718, Appendix C, the administrative law judge permissibly discounted Dr. Fino's opinion because he did not adequately explain why claimant's qualifying exercise blood gas study did not reflect the presence of a totally disabling respiratory or pulmonary impairment. *See Hicks*, 138 F.3d at 533, 21 BLR at 2-335; *Akers*, 131 F.3d at 441, 21 BLR at 2-275-76; Decision and Order at 17.

The administrative law judge also permissibly discounted the opinion of Dr. Bellotte, that claimant's impairments are cardiac in nature.[11] Specifically, the administrative law judge rationally found that Dr. Bellotte's opinion was not well-reasoned: the doctor had based his conclusion primarily on claimant's past cardiac history, when the preponderance of claimant's more recent cardiac examinations are normal or non-specific; and Dr. Bellotte had conceded that the clearing of pleural effusions on x-rays indicated that claimant's heart treatment was successful.[12] *See Hicks*, 138 F.3d at 533, 21 BLR at 2-335; *Akers*, 131 F.3d at 441, 21 BLR at 2-275-76; Decision and Order at 17; Employer's Exhibits 8 at 11-12, 12 at 13-14.

In contrast, the administrative law judge found that both Drs. Rasmussen[13] and Cohen[14] thoroughly explained why the objective testing did not support the conclusion

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[11] We note that the administrative law judge could have found the opinion of Dr. Bellotte supportive of a finding of total disability at 20 C.F.R. §718.204(b). The disabling loss of lung function due to extrinsic factors, *e.g.*, loss of muscle function due to a stroke, does not constitute respiratory or pulmonary disability pursuant to Section 718.204(b). *Carson v. Westmoreland Coal Co.*, 19 BLR 1-16 (1994). However, if a nonpulmonary or nonrespiratory condition or disease, such as cardiac disease, causes a chronic respiratory or pulmonary impairment, that condition or disease shall be considered in determining whether a miner is totally disabled. 20 C.F.R. §718.204(a). Dr. Bellotte testified that claimant's cardiac insults had increased his problems with his breathing, because claimant's "cardiopulmonary system is hooked up in a series, and, of course, what affects your heart is going to affect your lungs and frequently cause respiratory problems as well." Employer's Exhibit 12 at 13. Thus, while Dr. Bellotte opined that claimant does not have a totally disabling respiratory impairment, his opinion could nonetheless support a finding of total respiratory disability, pursuant to 20 C.F.R. §718.204(b)(2)(iv).

[12] In attributing claimant's impairment to his coronary artery disease, Dr. Bellotte noted, in pertinent part, that claimant is status post four coronary stent placements, he has had an acute myocardial infarction, he has been treated in the past for angina, and has had computed tomography scans in the past which documented bilateral pleural effusions. Employer's Exhibit 8 at 11. In contrast, Drs. Rasmussen and Cohen explained that claimant's heart condition had responded to treatment and that his heart was performing normally.

[13] The administrative law judge noted that, in attributing claimant's impairment to his lung condition, and not to his cardiac condition, Dr. Rasmussen explained that the end-tidal CO2 is too low to be caused by a cardiac impairment, and that claimant developed hypoxia, which is not usually seen with left ventricular failure. Decision and Order at 16; Claimant's Exhibit 1; Employer's Exhibit 7 at 24-30, 41. In addition, Dr.

that claimant's disability is cardiac, and not respiratory, in nature. Decision and Order at 16. As the administrative law judge's determinations to credit the opinions of Drs. Rasmussen and Cohen, that claimant suffers from a totally disabling respiratory impairment, over the contrary opinions of Drs. Fino and Bellotte, are within his discretion and supported by substantial evidence, they are affirmed. *See Compton*, 211 F.3d at 207-208, 22 BLR at 2-168; *Hicks*, 138 F.3d at 533, 21 BLR at 2-335; *Akers*, 131 F.3d at 441, 21 BLR at 2-275-76; Decision and Order at 17. In addition, as the administrative law judge reasonably considered the pulmonary function and arterial blood gas study evidence along with the medical opinion evidence, and found that, when weighed together, the evidence established total disability pursuant to 20 C.F.R. §718.204(b)(2), we also affirm that finding. *See Shedlock v. Bethlehem Mines Corp.*, 9 BLR 1-195, 1-198 (1986), *aff'd on recon*. 9 BLR 1-236 (1987) (en banc); Decision and Order at 17.

Finally, employer asserts that, in considering the cause of the miner's totally disabling respiratory impairment pursuant to 20 C.F.R. §718.204(c), the administrative law judge erred in crediting the opinions of Drs. Rasmussen and Cohen, over those of Drs. Fino and Bellotte. Decision and Order at 23; Employer's Brief at 41-53. Contrary to employer's contention, the administrative law judge rationally discounted the opinions of Drs. Fino and Bellotte, finding that the same reasons for which he discredited their opinions as to the existence of legal pneumoconiosis also undercut their opinions that claimant's impairment is unrelated to his coal mine employment. *See Scott v. Mason Coal Co.*, 289 F.3d 263, 269, 22 BLR 2-372, 2-384 (4th Cir. 2002); *Toler v. Eastern Associated Coal Corp.*, 43 F.3d 109, 116, 19 BLR 2-70, 2-83 (4th Cir. 1995); *Trujillo v.*

Rasmussen explained that claimant exceeded his anabolic threshold at a normal level, reflecting that his heart was properly providing blood to his muscles. *Id.*

[14] The administrative law judge found that Dr. Cohen stated that the exercise blood gas study did not reveal a significant cardiac component to claimant's impairment, and explained that while people with significant heart disease reach their very high heart rate limit very quickly with exercise, claimant's heart rate only reached 122, when his predicted heart rate was 149. Decision and Order at 16; Claimant's Exhibit 2; Employer's Exhibit 15 at 15, 71-72. Dr. Cohen also explained that claimant did not develop any of the other signs of cardiac disease. For example, his blood pressure remained "quite normal," and "his diastolic dropped normally," and he did not have "a chest pain limitation to his exercise." Employer's Exhibit 15 at 15, 71-72. Thus, Dr. Cohen concluded, claimant's "stents seemed to be working." Employer's Exhibit 15 at 15. Dr. Cohen further explained that claimant's gas exchange limitation and diffusion impairment could not be attributed to other causes such as his heart medications, ulcerative colitis, or his mild interstitial lung disease. Employer's Exhibit 15 at 15-16, 71-72.

Kaiser Steel Corp., 8 BLR 1-472 (1986); Decision and Order at 23. Moreover, having discredited the only contrary evidence of record, and having rationally relied on the reasoned and documented opinion of Drs. Rasmussen and Cohen to find that claimant established the existence of legal pneumoconiosis, the administrative law judge rationally relied on their opinions to find that claimant is totally disabled due, in part, to legal pneumoconiosis. *See Hicks*, 138 F.3d at 533, 21 BLR at 2-336; *Akers*, 131 F.3d at 441, 21 BLR at 2-274. Because the administrative law judge's finding at 20 C.F.R. §718.204(c) is supported by substantial evidence, it is affirmed. *Compton*, 211 F.3d at 207-208, 22 BLR at 2-168. Claimant established that he is totally disabled due to pneumoconiosis arising from his coal mine employment. We therefore affirm the administrative law judge's award of benefits.

Accordingly, the administrative law judge's Decision and Order Awarding Benefits is affirmed.

SO ORDERED.

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ROY P. SMITH
Administrative Appeals Judge

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REGINA C. McGRANERY
Administrative Appeals Judge

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BETTY JEAN HALL
Administrative Appeals Judge