

U. S. DEPARTMENT OF LABOR

Employees' Compensation Appeals Board

In the Matter of ANTHONY B. CLEARY and DEPARTMENT OF THE NAVY,
NAVAL AIR STATION MIRAMAR, San Diego, CA

*Docket No. 98-2185; Submitted on the Record;
Issued February 10, 2000*

DECISION and ORDER

Before DAVID S. GERSON, BRADLEY T. KNOTT,
A. PETER KANJORSKI

The issue is whether appellant has met his burden of proof to establish that his hospitalization from May 23 to 29, 1997 was causally related to the November 14, 1976 employment injury.

On November 14, 1976 appellant, then a 43-year-old firefighter, sustained an employment-related myocardial infarct.¹ He stopped work that day and was placed on the periodic rolls. By decision dated April 13, 1978, the Office of Workers' Compensation Programs determined that he had the wage-earning capacity of a clerk and reduced his compensation accordingly. Following appellant's request for reconsideration, in a December 20, 1978 decision, the Office denied merit review. Appellant continued to receive compensation and medical benefits. The record indicates that from May 23 to 29, 1997 he was hospitalized at the Alvarado Hospital in San Diego, California. By letter dated November 28, 1997, the Office informed appellant that he needed to provide a rationalized medical report which explained how the hospitalization was related to the November 14, 1976 employment injury. He was given 30 days in which to respond. In a decision dated June 8, 1998, the Office denied compensation for payment of the medical bills. The instant appeal follows.

The Board finds that the Office did not abuse its discretion by denying appellant's request for reimbursement for hospitalization expenses incurred in May 1997.

Section 8103 of the Federal Employees' Compensation Act² provides that the United States shall furnish to an employee who is injured while in the performance of duty, the services, appliances and supplies prescribed or recommended by a qualified physician, which the Office

¹ The Board notes that the date of injury is listed in the record as occurring on November 16, 1976. Appellant, however, indicated that the myocardial infarction occurred on November 14, 1976.

² 5 U.S.C. §§ 8101-8198.

considers likely to cure, give relief, reduce the degree or the period of disability, or aid in lessening the amount of the monthly compensation.³ In interpreting this section of the Act, the Board has recognized that the Office has broad discretion in approving services provided under the Act. The only limitation on the Office'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.⁴ In order to be entitled to reimbursement for medical expenses, a claimant must establish that the expenditures were incurred for treatment of the effects of an employment-related injury. Proof of causal relation in a case such as this must include supporting rationalized medical evidence.⁵ Therefore, in order to prove that the May 1997 hospitalization was warranted, appellant must submit evidence to show that it was necessary for a condition causally related to the employment injury and that the hospitalization was medically warranted. Both of these criteria must be met in order for the Office to authorize payment.

In this case, the Office accepted that on November 14, 1976 appellant sustained an employment-related myocardial infarction. The evidence submitted includes the complete hospital record for the May 23 to 29, 1997 hospitalization. The initial emergency room report states that appellant was admitted due to probably ventricular tachycardia. While hospitalized, appellant was seen in consultation by Dr. Ravindra Prabhu, a Board-certified internist, who advised that a diagnosis had not been established and recommended further studies.⁶ In a discharge summary, Dr. Richard Katz, a Board-certified internist, diagnosed acquired heart disease, etiology arteriosclerotic cardiovascular disease, anatomy coronary artery disease, physiology status post old myocardial infarction; questionable ventricular tachycardia, class deferred.

As noted above, the only restriction on the Office's authority to authorize medical treatment is one of reasonableness. None of the medical evidence submitted adequately addresses the causal relationship between appellant's 1976 employment injury and the May 1997

³ 5 U.S.C. § 8103.

⁴ *Daniel J. Perea*, 42 ECAB 214 (1990).

⁵ *See Debra S. King*, 44 ECAB 203 (1992); *Bertha L. Arnold*, 38 ECAB 282 (1986).

⁶ Appellant also underwent electrocardiography, electrophysiologic study, echocardiography and cardiac catheterization.

hospitalization. He did not respond to the Office's November 28, 1997 request for a medical explanation regarding the necessity for the hospitalization. Therefore, based on the nature and extent of the medical evidence provided in this case, the Office did not abuse its discretion to deny appellant reimbursement for the May 1997 hospitalization.⁷

The decision of the Office of Workers' Compensation Programs dated June 8, 1998 is hereby affirmed.

Dated, Washington, D.C.
February 10, 2000

David S. Gerson
Member

Bradley T. Knott
Alternate Member

A. Peter Kanjorski
Alternate Member

⁷ The Board notes that appellant submitted evidence to the Office subsequent to the June 8, 1998 decision. The Board cannot consider this evidence, however, as its review of the case is limited to the evidence of record which was before the Office at the time of its final decision. 20 C.F.R. § 501.2(c). Appellant retains the right to request reconsideration with the Office.