

U. S. DEPARTMENT OF LABOR

Employees' Compensation Appeals Board

In the Matter of MYRTLE E. RUSSELL and U.S. POSTAL SERVICE,
RALPH MCGILL CARRIER FACILITY, Atlanta, GA

*Docket No. 02-2049; Submitted on the Record;
Issued February 25, 2003*

DECISION and ORDER

Before ALEC J. KOROMILAS, DAVID S. GERSON,
A. PETER KANJORSKI

The issue is whether the Office of Workers' Compensation Programs properly denied payment for myofascial treatments.

On April 7, 1995 appellant, then a 35-year-old letter carrier, sustained an injury in the performance of duty when she slipped and fell while delivering mail. The Office accepted her claim for right ankle sprain, left knee abrasion, left knee contusion, right wrist sprain and right shoulder strain. Appellant received compensation benefits, including a schedule award for an 11 percent permanent impairment of her right arm.

On June 25, 2002 the Office wrote the following letter to appellant:

“In reply to the inquiry made by your physician's office, regarding myofascial treatments, we regret that we [the Office] will not sponsor them. This condition was not accepted for your work-related injuries, we have informed them of such.”

Appellant asks the Board to review the Office's closing of her claim and the denial of payment for myofascial treatments.

The Board's jurisdiction is limited to reviewing final decisions of the Office.¹ Section 10.126 of the Office's regulations provides that a decision of the Office shall contain findings of fact and a statement of reasons. Further, a decision is accompanied by information about the claimant's appeal rights.²

¹ 20 C.F.R. § 501.2(c) (the Board has jurisdiction to consider and decide appeals from the final decisions of the Office in any case arising under the Federal Employees' Compensation Act).

² *Id.* § 10.126 (1999).

The Office's closing of a case is not a final appealable decision on the claimant's entitlement to compensation benefits. A case closing is an internal and purely administrative procedure that the Office uses to organize its many cases in an orderly manner. It does not foreclose further action in a case, including readjudication or subsequent payment of benefits.³ The Board has no jurisdiction to review such an action.

The Office's June 25, 2002 correspondence does not, on its face, have the appearance of a final decision. It does not formally identify itself as a final decision, and the Office attached no appeal rights for appellant to pursue. Nonetheless, it is the content and not the form of the paper that is significant. This correspondence was not merely informational: It denied payment for myofascial treatments and explained that the condition was not accepted for appellant's work-related injuries. The Board finds that the Office's June 25, 2002 correspondence is a final decision from which appellant may seek review by the Board.⁴

The Board finds that the Office properly denied payment for myofascial treatments.

Section 8103 of the Act provides for the furnishing of "services, appliances and supplies prescribed or recommended by a qualified physician" that the Office, under authority delegated by the Secretary of Labor, "considers likely to cure, give relief, reduce the degree or the period of disability, or aid in lessening the amount of monthly compensation."⁵

In interpreting section 8103, the Board has recognized that the Office, acting as the delegated representative of the Secretary, has broad discretion in approving services provided under the Act to ensure that an employee recovers from his or her injury to the fullest extent possible in the shortest amount of time.⁶ The Office has administrative discretion in choosing the means to achieve this goal and the only limitation on the Office's authority is that of reasonableness.⁷ While the Office is obligated to pay for treatment of employment-related conditions, appellant has the burden of establishing that the expenditure is incurred for treatment of the effects of an employment-related injury or condition.⁸

³ See generally Federal (FECA) Procedure Manual, Part 2 -- Claims, *Automated System Support for Case Actions*, Chapter 2.0401.9 (June 1992) (rules for assigning status codes to cases as they pass through the system, reopening closed cases).

⁴ See generally *Irwin Goodman*, 1 ECAB 57 (1947); *Leo A. Wilson*, 1 ECAB 202 (1948); *Anna J. Stokes*, 2 ECAB 104 (1948); *Peter Joseph Crowley*, 2 ECAB 128 (1948); *Herman Anderson*, 4 ECAB 48 (1950); *Paul Goose*, 4 ECAB 216 (1951); *Daris Clem*, 5 ECAB 69 (1952); *Samuel C. Simmons*, 5 ECAB 91 (1952); *Ralph Edmond Zollars*, 5 ECAB 617 (1953); *Wilbur E. Fleming*, 9 ECAB 167 (1956).

⁵ 5 U.S.C. § 8103.

⁶ *Marla Davis*, 45 ECAB 823, 826 (1994).

⁷ *Daniel J. Perea*, 42 ECAB 214, 221 (1990) (holding that abuse of discretion by the Office is generally shown through proof of manifest error, clearly unreasonable exercise of judgment or administrative actions that are contrary to both logic and probable deductions from established facts).

⁸ *Mamie L. Morgan*, 41 ECAB 661, 667 (1990).

Thus, to be entitled to reimbursement of medical expenses by the Office, appellant must establish a causal relationship between the expenditure and the treatment by submitting rationalized medical evidence that supports such a connection and demonstrates that the treatment is necessary and reasonable.⁹ The mere fact that the Office authorized and paid for some medical treatment does not establish that the condition for which appellant received treatment was employment related.¹⁰

Appellant sustained an employment injury on April 7, 1995, which the Office accepted for right ankle sprain, left knee abrasion, left knee contusion, right wrist sprain and right shoulder strain. The Office did not accept the condition of myofasciitis or myofascial syndrome. Although this diagnosis appears on a number of medical documents in the case record, appellant has submitted no rationalized medical opinion explaining how myofascial syndrome resulted from her April 7, 1995 employment injury. On appeal, appellant states: "I am not a physician but it is my understanding that the syndrome ... has arisen from the original injury. In other words I did not sustain the syndrome at the time of the injury, but the injury did in fact cause the syndrome to develop." As a lay person, appellant's explanation or opinion on causal relationship has no probative medical value and she has submitted no report from her physician that explains her understanding of the connection. Without such medical opinion evidence, the record fails to establish that myofasciitis or myofascial syndrome is an employment-related condition. As the Office is not obligated to pay for treatment of conditions that are not established to be employment related, the Board finds no abuse of discretion in denying payment for myofascial treatments.

The June 25, 2002 decision of the Office of Workers' Compensation Programs is affirmed.

Dated, Washington, DC
February 25, 2003

Alec J. Koromilas
Chairman

David S. Gerson
Alternate Member

A. Peter Kanjorski
Alternate Member

⁹ *Debra S. King*, 44 ECAB 203, 209 (1992).

¹⁰ *James F. Aue*, 25 ECAB 151, 153 (1974).