

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

K.U., Appellant

and

**U.S. POSTAL SERVICE, HALE THORPE
BRANCH, Baltimore, MD, Employer**

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**Docket No. 08-545
Issued: July 10, 2008**

Appearances:
David S. Goldberg, Esq., for the appellant
Office of Solicitor, for the Director

Case Submitted on the Record

DECISION AND ORDER

Before:

DAVID S. GERSON, Judge
MICHAEL E. GROOM, Alternate Judge
JAMES A. HAYNES, Alternate Judge

JURISDICTION

On December 11, 2007 appellant, through her attorney, filed a timely appeal from a September 20, 2007 merit decision of the Office of Workers' Compensation Programs denying authorization for surgery. Pursuant to 20 C.F.R. §§ 501.2(c) and 501.3, the Board has jurisdiction over the merits of this appeal.

ISSUE

The issue is whether the Office properly denied appellant's request for left thumb surgery.

FACTUAL HISTORY

On August 5, 2004 appellant, then a 46-year-old letter carrier, filed a claim for an occupational disease claim assigned number 03-2031370. She indicated that on July 25, 2003 she first became aware of her carpal tunnel syndrome in both hands and that her condition was caused by her repetitious work duties. By letter dated September 20, 2004, the Office accepted the claim for bilateral carpal tunnel syndrome. It authorized left carpal tunnel release which was performed on December 6, 2004 and right carpal tunnel release which was performed on

January 31, 2005 by Dr. Joseph J. Ciotola, an attending Board-certified orthopedic surgeon. Appellant stopped work on December 6, 2004 and returned to full-time full-duty work on June 20, 2005.

Appellant submitted medical reports covering the period March 9, 2006 through August 21, 2007 from Dr. Michael A. Ellis, a Board-certified orthopedic surgeon. He stated that appellant experienced pain at the base of her thumbs, the left worse than the right. Dr. Ellis stated that she had osteoarthritis or post-traumatic degenerative disease of the left thumb carpometacarpal joint. He reported that long-term splinting, cortisone injections and activity modification had failed. Dr. Ellis opined that appellant was in need of a thumb ligament reconstruction by tendon interposition. He related that the surgery would require her to wear a postoperative cast for one month, a large splint for a second month and undergo physical therapy during the third month before returning to any manual work using the left hand. Dr. Ellis expected appellant to recover with significant improvement in pain relief and function, although her thumb would never be perfect.

In a July 8, 2007 letter, appellant requested that the Office authorize her left thumb surgery.

By decision dated September 20, 2007, the Office denied authorization for left carpometacarpal joint ligament reconstruction. It found that her claim had been accepted for bilateral carpal tunnel syndrome only. The Office found that treatment for carpometacarpal joint arthritis was not compensable under appellant's claim as the evidence of record in the claim as well as a prior claim assigned number 03-2056254 did not establish that she sustained a traumatic injury to the thumb.

LEGAL PRECEDENT

Section 8103(a) of the Federal Employees' Compensation Act provides for the furnishing of services, appliances and supplies prescribed or recommended by a qualified physician who the Office, under authority delegated by the Secretary, considers likely to cure, give relief and reduce the degree or the period of disability or aid in lessening the amount of monthly compensation.¹ In interpreting section 8103(a), the Board has recognized that the Office 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.² 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.³

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

¹ 5 U.S.C. § 8103(a).

² *Dale E. Jones*, 48 ECAB 648, 649 (1997).

³ *James R. Bell*, 52 ECAB 414 (2001); *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 which are contrary to both logic and probable deductions from established facts).

effects of an employment-related injury or condition.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 relationship in a case such as this must include supporting rationalized medical evidence.⁵ Therefore, in order to prove that the surgical procedure is warranted, appellant must submit evidence to show that the procedure was for a condition causally related to the employment injury and that the surgery was medically warranted.⁶ Both of these criteria must be met in order for the Office to authorize payment.⁷

ANALYSIS

The Office accepted that appellant sustained employment-related bilateral carpal tunnel syndrome. In July 2007, she requested authorization for Dr. Ellis, an attending physician, to perform left thumb ligament reconstruction by tendon interposition. The Office denied appellant's request.

The treatment records of Dr. Ellis diagnosed osteoarthritis or post-traumatic degenerative disease of the left thumb carpometacarpal joint. He described her likely recovery process following the recommended left thumb surgery. However, Dr. Ellis did not address the causal relationship between the left thumb surgery and the accepted employment-related bilateral carpal tunnel syndrome. He did not explain how the surgical procedure was medically warranted by the accepted condition.⁸ Appellant has not established that the requested surgery is for treatment of her accepted employment condition. The Board finds that the Office did not abuse its discretion in declining to authorize surgery.

CONCLUSION

The Board finds that the Office properly denied authorization for left thumb surgery.

⁴ *Debra S. King*, 44 ECAB 203, 209 (1992).

⁵ *Id.*; *Bertha L. Arnold*, 38 ECAB 282 (1986).

⁶ *Joseph P. Hofmann*, 57 ECAB 456 (2006).

⁷ *Dona M. Mahurin*, 54 ECAB 309 (2003); *Cathy B. Millin*, 51 ECAB 331, 333 (2000).

⁸ *Franklin D. Haislah*, 52 ECAB 457 (2001) (medical reports not containing rationale on causal relationship are entitled to little probative value); *Jimmie H. Duckett*, 52 ECAB 332 (2001).

ORDER

IT IS HEREBY ORDERED THAT the September 20, 2007 decision of the Office of Workers' Compensation Programs is affirmed.

Issued: July 10, 2008
Washington, DC

David S. Gerson, Judge
Employees' Compensation Appeals Board

Michael E. Groom, Alternate Judge
Employees' Compensation Appeals Board

James A. Haynes, Alternate Judge
Employees' Compensation Appeals Board