United States Department of Labor
Employees' Compensation Appeals Board

M.R., Appellant	)	
and	)	**Docket No. 15-0583**
	)	**Issued: August 26, 2015**
DEPARTMENT OF COMMERCE, U.S. CENSUS BUREAU, Philadelphia, PA, Employer	)	

Appearances:
Thomas R. Uliase, Esq., for the appellant
Office of Solicitor, for the Director

Case Submitted on the Record

DECISION AND ORDER

Before:
PATRICIA H. FITZGERALD, Deputy Chief Judge
ALEC J. KOROMILAS, Alternate Judge
JAMES A. HAYNES, Alternate Judge

JURISDICTION

On January 23, 2015 appellant, through counsel, filed a timely appeal from a November 5, 2014 merit decision of the Office of Workers' Compensation Programs (OWCP). Pursuant to the Federal Employees' Compensation Act[1] (FECA) and 20 C.F.R. §§ 501.2(c) and 501.3, the Board has jurisdiction over the merits of this case.

ISSUES

The issues are: (1) whether appellant has established that she sustained bilateral carpal tunnel syndrome causally related to her March 14, 2002 employment injury; and (2) whether she was disabled from March 29 to July 15, 2003 due to her accepted work injury.

FACTUAL HISTORY

On March 29, 2002 appellant, then a 46-year-old field representative, filed a traumatic injury claim alleging that on March 14, 2002 she sustained neck sprain and other conditions

[1] 5 U.S.C. § 8101 *et seq.*

when her automobile was struck from behind by another vehicle. OWCP accepted her claim for cervical strain, a cervical herniated nucleus pulposus, lumbar strain, and post-traumatic headaches.[2]

In a report dated June 5, 2002, Dr. Stuart G. Dubowitch, an osteopath, reviewed appellant's history of a March 14, 2002 motor vehicle accident. He diagnosed post-traumatic cervical disc herniations, post-traumatic bilateral carpal tunnel syndrome, and a post-traumatic exacerbation of a preexisting herniated L4-5 disc with radiculopathy. In a form report of the same date, Dr. Dubowitch attributed the diagnosed conditions to the motor vehicle accident. On July 17, 2002 he diagnosed post-traumatic bilateral carpal tunnel syndrome, and recommended surgery. In a report dated October 16, 2002, Dr. Dubowitch diagnosed post-traumatic bilateral carpal tunnel syndrome and cervical and lumbar disc herniations with radiculopathy. He noted that electromyogram studies showed radiculopathy at C5 and C6 and bilateral carpal tunnel syndrome.

Appellant underwent a right carpal tunnel release on November 7, 2002. In progress reports dated November 2002 through February 2003, Dr. Dubowitch diagnosed post-traumatic bilateral carpal tunnel syndrome, post-traumatic cervical radiculopathy, a post-traumatic cervical disc herniation at C4-5, and a post-traumatic lumbar disc herniation. He discussed appellant's progress post right carpal tunnel release and, on January 21, 2003, recommended a left carpal tunnel release.

Appellant underwent a left carpal tunnel release on March 20, 2003. In a progress report dated April 1, 2003, Dr. Dubowitch noted that he was treating her for injuries sustained in a March 14, 2002 motor vehicle accident. He diagnosed post-traumatic injuries to the lumbar and cervical spine, status post right carpal tunnel decompression, and left carpal tunnel decompression surgery.

On April 15, 2003 Dr. Joan F. O'Shea, a Board-certified neurosurgeon, discussed appellant's history of a 1998 work injury to her back and a March 2002 motor vehicle accident that "increased her low back pain and caused new right leg pain, neck and right arm pain."[3] On examination she found full strength of the extremities with reduced sensation of the right arm posteriorly and a positive right Spurling's maneuver. Dr. O'Shea recommended updated diagnostic studies and a possible anterior cervical fusion and discectomy at C5-6 and C6-7.

In a progress report dated April 29, 2003, Dr. Dubowitch found that appellant's left hand was healing well after the carpal tunnel decompression, but that she still had "significant problems referable to the neck and back secondary to her disc herniations."

On June 24, 2003 Dr. Dubowitch found that appellant's hands had healed well after her surgeries but that she had some residual tenderness and weakness. He diagnosed a post-

[2] By decision dated May 23, 2002, OWCP denied appellant's claim after finding that the medical evidence was insufficient to show that she sustained a diagnosed condition due to the March 14, 2002 motor vehicle accident. On June 9, 2003 an OWCP hearing representative reversed the May 23, 2002 decision and accepted the claim for cervical strain, a cervical herniated disc, lumbar strain, and post-traumatic headaches.

[3] On April 7 and June 2, 2003 Dr. David M. Heyman, an osteopath, administered a lumbar epidural injection.

traumatic disc herniation, an exacerbation of a lumbar disc herniation with radiculopathy, and status post bilateral carpal tunnel decompressions.

In a form report dated July 15, 2003, Dr. William H. Bromley, a chiropractor, diagnosed a disc herniation at C4-5, radiculopathy at C5-6, a disc herniation at L4-5, radiculopathy at L5, and bilateral carpal tunnel syndrome. He checked "yes" that the condition was employment related and indicated that appellant was disabled form November 7 to 13, 2002 after her right carpal tunnel surgery and from March 20 to 31, 2003 after her left carpal tunnel surgery.

On July 17, 2003 Dr. O'Shea performed an anterior cervical discectomy and fusion at C5-6 and C6-7.

In a letter dated January 31, 2004, appellant's private employing establishment related that she worked 40 hours a week as a customer service representative from April 15, 2002 until July 15, 2003.

By decision dated February 19, 2004, OWCP found that appellant did not establish that she was disabled beginning July 17, 2003 causally related to her March 14, 2002 work injury. It noted that she stopped working for the employing establishment on April 15, 2002 and obtained private employment.

Following a preliminary review on October 15, 2004, an OWCP hearing representative set aside the February 19, 2004 decision. He found that the reports from Dr. Dubowitch and Dr. O'Shea were sufficient to warrant further development regarding whether appellant sustained bilateral carpal tunnel syndrome and bilateral carpal tunnel releases, a cervical disc herniations with surgery, and an aggravation of preexisting lumbar disc herniations due to her March 14, 2002 work injury. The hearing representative instructed OWCP to obtain an opinion from an OWCP medical adviser and, if necessary, a second opinion physician regarding whether the conditions and surgeries resulted from the motor vehicle accident.

On February 25, 2005 OWCP authorized cervical surgery and the proposed surgery for the aggravation of a preexisting L4-5 disc herniation.

On February 7, 2006 OWCP advised appellant that it was referring her for a second opinion examination to determine whether she sustained carpal tunnel syndrome due to her work injury and to determine if she had continued disability. By letter dated February 17, 2006, it referred her to Dr. Xiaoping Ma, a Board-certified neurologist, for a second opinion examination.

In a report dated March 6, 2006, Dr. Ma diagnosed bilateral carpal tunnel syndrome, a history of bulging cervical discs after surgery, a lumbar disc herniation after a laminectomy, possible failed back syndrome, and lumbar radiculopathy causing low back pain exacerbated by appellant's motor vehicle accident. She attributed the diagnosed conditions to the March 14, 2002 work injury and opined that appellant was permanently disabled.

In a report dated August 5, 2010, Dr. Steven H. Ressler, an anesthesiologist, diagnosed status post cervical fusion with bilateral radiculopathy of the upper extremities, status post

lumbar discectomy with radiculopathy, and bilateral carpal tunnel syndrome. He advised that appellant was disabled from employment.

On August 19, 2011 OWCP paid appellant compensation for total disability from July 17, 2003 through August 2, 2011.

On March 16, 2012 OWCP referred appellant to Dr. Kenneth Heist, an osteopath, to determine whether appellant had continuing disability or residuals of her work injury or any other employment-related diagnoses.

On March 16, 2012 appellant filed a claim for compensation for total disability from March 29 to July 15, 2003.

On March 20, 2012 Dr. Ressler related that he had returned appellant to work in error and opined that she was disabled from her job duties.

In a report dated March 30, 2012, Dr. Heist diagnosed resolved sprains of the cervical, dorsal, and lumbar spine, and degenerative cervical, dorsal, and resolved cervical, and lumbar degenerative disc disease. He found no objective evidence of bilateral carpal tunnel syndrome, a brain injury, dropped bladder, or fibromyalgia. Dr. Heist advised that appellant could resume work without restrictions considering only her employment injury.

By decision dated May 24, 2012, OWCP determined that appellant was not entitled to compensation from March 1 to 15, 2012. It found that the medical evidence was insufficient to show that she was disabled as a result of her March 14, 2002 employment injury.

In a decision dated June 7, 2012, OWCP denied appellant's claim for compensation from March 29 to July 15, 2003.

Following a preliminary review, on August 14, 2012 an OWCP hearing representative set aside the May 24, 2012 decision. She found that OWCP did not consider Dr. Heist's opinion prior to reaching its determination.

By decision dated December 19, 2012, OWCP again denied appellant's claim for compensation from March 29 to July 15, 2003. It found that Dr. Ressler, in his March 20, 2012 report, did not provide an opinion on causation and that Dr. Heist found that appellant could return to work without restrictions. OWCP also noted that Dr. Heist determined that appellant had no objective evidence of bilateral carpal tunnel syndrome or other conditions due to her work injury.

By decision dated February 1, 2013, OWCP denied appellant's claim for compensation from July 16 to August 15, 2012.

On February 11, 2013 appellant, through counsel, requested an oral hearing.

On March 7, 2013 OWCP referred appellant to Dr. Jeffrey Pollock, a Board-certified neurologist, for a second opinion examination regarding the extent of her current condition and any disability.

Following a preliminary review, in a decision dated March 7, 2013, an OWCP hearing representative vacated the December 19, 2012 decision. He found that OWCP had not formally adjudicated the issue of whether appellant sustained bilateral carpal tunnel syndrome due to her March 14, 2002 employment injury prior to determining if she was entitled to wage-loss compensation from March 29 to July 15, 2003. The hearing representative noted that Dr. Ma's opinion supported that appellant sustained employment-related carpal tunnel syndrome but found that Dr. Ma's opinion was not sufficiently rationalized to meet her burden of proof. He remanded the case for OWCP to consider whether appellant's bilateral carpal tunnel syndrome and resulting surgeries were due to her motor vehicle accident. The hearing representative found that OWCP should reach this determination prior to adjudicating appellant's claim for disability from March 29 to July 15, 2003.

In a report dated March 25, 2013, Dr. Pollock discussed appellant's history of a work injury and subsequent medical treatment. He found that her carpal tunnel syndrome was unrelated to her work injury as the condition developed over time. Dr. Pollack stated, "[Appellant] specifically tells me that she has developed that problem for a third time and may need further treatment. There is absolutely no causal relationship between any current symptoms of carpal tunnel syndrome and the accident of March 14, 2002 at this late date after the accident."

On March 29, 2013 OWCP referred appellant to Dr. Stanley Askin, a Board-certified orthopedic surgeon, to determine whether she sustained carpal tunnel syndrome due to her March 14, 2002 employment injury.

On April 18, 2013 Dr. Ressler reviewed the opinion of Dr. Heist. He related that appellant was disabled from work as a result of chronic pain syndrome.

On April 12, 2013 Dr. Askin found that appellant had no further disability or need for medical treatment due to her March 14, 2002 work injury. In a supplemental report dated May 1, 2013, he stated, "On an anatomic basis carpal tunnel syndrome is caused by thickening of the peritendinous tissues within the carpal tunnel which when sufficiently thickened take up the available space and secondarily compress the median nerve. There is no reason to attribute such thickened tissues to the nature of the injury described by [appellant]."

By decision dated July 1, 2013, OWCP vacated the May 24, 2012 and February 1, 2013 decisions after reopening the case on its own motion. It noted that appellant had received disability compensation from July 17, 2003 through February 29, 2012 and thus it had the burden to terminate compensation. OWCP paid her compensation for total disability retroactive to March 1, 2012.

In another decision also dated July 1, 2013, OWCP found that appellant did not sustain bilateral carpal tunnel syndrome or disability from March 29 to July 15, 2003 due to her March 14, 2002 motor vehicle accident. It determined that Dr. Askin's opinion constituted the weight of the evidence and supported that she did not sustained carpal tunnel syndrome or the need for surgeries due to her work injury.

On July 8, 2013 appellant, through counsel, requested an oral hearing.[4] Following an October 30, 2013 hearing, by decision dated December 16, 2013, the hearing representative vacated the July 1, 2013 decision finding that appellant had not established carpal tunnel syndrome. She noted that OWCP did not include the history of appellant's carpal tunnel surgeries in the statement of accepted facts. The hearing representative further found that Dr. Pollock relied upon an inaccurate history of her undergoing additional surgery for carpal tunnel syndrome in 2012 and that Dr. Askin's opinion was not fully rationalized and failed to discuss Dr. Dubowitch's July 5, 2002 opinion. She instructed OWCP on remand to provide Dr. Askin with an updated statement of accepted facts and request that he review Dr. Dubowitch's June 5, 2002 opinion and provide a reasoned opinion regarding whether her bilateral carpal tunnel syndrome and carpal tunnel releases were work related and, if so, whether she sustained any disability from employment.

On December 24, 2013 OWCP prepared an updated statement of accepted facts that indicated that appellant underwent right and left carpal tunnel releases in 2003.

In a supplemental report dated January 8, 2014, Dr. Askin related that carpal tunnel syndrome occurred due to compression of the median nerve at the carpal tunnel by "thickened tenosynovial tissues." He noted that the thickening of the tissues usually occurred as a result of aging. Dr. Askin asserted that a nerve could experience a contusion as a result of trauma, such as holding the steering wheel during an accident, but not "compression neuropathy," the definition of carpal tunnel syndrome. He concluded that appellant's motor vehicle accident did not result in carpal tunnel syndrome.

By decision dated April 10, 2014, OWCP found that appellant had not established that she sustained bilateral carpal tunnel syndrome and resulting disability from March 29 to July 15, 2003 as a result of her March 14, 2002 motor vehicle accident. It determined that Dr. Askin's opinion represented the weight of the evidence and showed that her condition was not related to her employment.

On April 15, 2014 appellant, through counsel, requested an oral hearing. At the hearing, held on August 15, 2014, counsel argued that Dr. Askin's opinion was general in nature and failed to address Dr. Dubowitch's report. He contended that the record contained at least a conflict between Dr. Askin and Dr. Dubowitch.

By decision dated November 5, 2014, an OWCP hearing representative affirmed the April 10, 2014 decision. He found that Dr. Askin's report represented the weight of the evidence and established that appellant's carpal tunnel syndrome, surgeries, and disability from March 29 to July 15, 2003 were not related to her accepted work injury.

On appeal, counsel argues that OWCP should have accepted carpal tunnel syndrome as work related as Dr. Dubowitch, appellant's attending physician, and Dr. Ma, an OWCP referral physician, found that appellant had bilateral carpal tunnel due to her March 14, 2002 work injury. He maintains that at a minimum the record contains a conflict in opinion.

[4] In a report dated September 10, 2013, Dr. Ressler listed appellant's current diagnoses, including a history of bilateral carpal tunnel syndrome.

LEGAL PRECEDENT -- ISSUE 1

Causal relationship is a medical issue, and the medical evidence generally required to establish causal relationship is rationalized medical opinion evidence.[5] The opinion of the physician must be based on a complete factual and medical background of the claimant,[6] must be one of reasonable medical certainty[7] explaining the nature of the relationship between the diagnosed condition and the specific employment factors identified by the claimant.[8]

ANALYSIS -- ISSUE 1

OWCP relied upon the opinion of Dr. Askin, its referral physician, in finding that appellant did not establish that she sustained bilateral carpal tunnel syndrome as a result of her March 14, 2002 motor vehicle accident.

In a report dated April 12, 2013, Dr. Askin advised that appellant had no condition or disability due to her work injury. On May 1, 2013 he explained that carpal tunnel syndrome occurred due to thickening of tissues rather than to an injury such as she experienced. In a report dated January 8, 2014, Dr. Askin opined that the thickening of tenosynovial tissues that caused carpal tunnel syndrome most often occurred due to aging and that compression neuropathy did not result from holding a steering wheel during a motor vehicle accident. He based his opinion on a review or the factual and medical background and provided rationale for his opinion by explaining that carpal tunnel syndrome developed over time rather than as a result of a traumatic event. The Board finds that Dr. Askin's opinion has reliability, probative value and convincing quality regarding the relevant issue of causation, and thus constitutes the weight of the evidence and establishes that appellant did not sustain employment-related bilateral carpal tunnel syndrome.[9]

On appeal counsel alleges that OWCP should have accepted bilateral carpal tunnel syndrome based on the reports of Dr. Dubowitch, her attending physician, and Dr. Ma, an OWCP referral physician.[10] In a report dated June 5, 2002, Dr. Dubowitch diagnosed post-traumatic cervical disc herniations, post-traumatic bilateral carpal tunnel syndrome, and a post-traumatic exacerbation of a preexisting herniated L4-5 disc with radiculopathy. In an accompanying form report, he attributed the conditions to appellant's March 14, 2002 motor vehicle accident. Dr. Dubowitch submitted subsequent reports diagnosing post-traumatic

[5] *John J. Montoya*, 54 ECAB 306 (2003).

[6] *Tomas Martinez*, 54 ECAB 623 (2003); *Gary J. Watling*, 52 ECAB 278 (2001).

[7] *Supra* note 5.

[8] *Judy C. Rogers*, 54 ECAB 693 (2003).

[9] *See T.N.*, Docket No. 14-1331 (issued February 18, 2015).

[10] On March 25, 2013 Dr. Pollock, another OWCP referral physician, advised that appellant did not have carpal tunnel syndrome due to her work injury. He explained that the condition arose over time and further noted that she was having symptoms of carpal tunnel syndrome for the third time. Dr. Pollock opined that there was no causal relationship between any current carpal tunnel syndrome and the work injury.

bilateral carpal tunnel syndrome and recommending surgical releases. He did not, however, provide a rationalized opinion explaining the causal relationship between her bilateral carpal tunnel syndrome and the March 14, 2002 work injury. Dr. Dubowitch must provide a narrative description of the identified employment incident and a reasoned opinion on whether the employment incident described caused or contributed to appellant's diagnosed medical condition.[11]

OWCP referred appellant to Dr. Ma for a second opinion examination regarding whether appellant sustained bilateral carpal tunnel syndrome due to her March 14, 2002 employment injury. On March 6, 2006 Dr. Ma diagnosed bilateral carpal tunnel syndrome, lumbar disc herniation post laminectomy, and possible failed back syndrome. He attributed the diagnosed conditions to appellant's March 14, 2002 work injury. Although Dr. Ma supported causal relationship, he did not provide sufficient medical rationale explaining the basis of his conclusion regarding the causal relationship between the bilateral carpal tunnel syndrome and the March 14, 2002 employment injury.[12] Consequently, as found by the hearing representative, Dr. Ma's opinion was not sufficient to resolve the issue of whether appellant sustained carpal tunnel syndrome as a result of her March 14, 2002 employment-related motor vehicle accident.

On August 5, 2010 Dr. Ressler diagnosed status post cervical fusion with upper extremity radiculopathy, status post lumbar discectomy with radiculopathy, and bilateral carpal tunnel syndrome. He found that appellant was totally disabled. Dr. Ressler did not address the cause of the diagnosed conditions and thus his report is of little probative value.[13]

On appeal counsel also contends that a conflict exists between Dr. Dubowitch and Dr. Askin regarding whether appellant sustained employment-related bilateral carpal tunnel syndrome. As discussed, however, Dr. Askin's report is entitled to the weight as Dr. Dubowitch did not provide rationale for his causation determination.

LEGAL PRECEDENT -- ISSUE 2

The term disability as used in FECA[14] means the incapacity because of an employment injury to earn the wages that the employee was receiving at the time of injury.[15] Whether a particular injury caused an employee disability for employment is a medical issue which must be resolved by competent medical evidence.[16] When the medical evidence establishes that the

[11] *See John W. Montoya*, 54 ECAB 306 (2003).

[12] Medical evidence that states a conclusion but does not offer any rationalized medical explanation regarding the cause of an employee's condition is of limited probative value on the issue of causal relationship. *See J.F.*, Docket No. 09-1061 (issued November 17, 2009); *A.D.*, 58 ECAB 149 (2006).

[13] *See S.E.*, Docket No. 08-2214 (issued May 6, 2009) (medical evidence that does not offer any opinion on causal relationship is of limited probative value).

[14] 5 U.S.C. § 8101 *et seq.*; 20 C.F.R. § 10.5(f).

[15] *Paul E. Thams*, 56 ECAB 503 (2005).

[16] *Id*.

residuals of an employment injury are such that, from a medical standpoint, they prevent the employee from continuing in the employment held when injured, the employee is entitled to compensation for any loss of wage-earning capacity resulting from such incapacity.[17] The Board will not require OWCP to pay compensation for disability in the absence of any medical evidence directly addressing the specific dates of disability for which compensation is claimed. To do so would essentially allow employees to self-certify their disability and entitlement to compensation.[18]

ANALYSIS -- ISSUE 2

OWCP accepted that appellant sustained a cervical herniated nucleus pulposus, lumbar strain, and post-traumatic headaches in a March 14, 2002 motor vehicle accident. Appellant stopped work on March 14, 2002. She worked intermittently in private employment until July 2003. Appellant underwent a cervical discectomy and fusion at C5-6 and C6-7 on July 18, 2003, and received compensation for total disability from OWCP from July 17, 2003 onward.

On March 16, 2002 appellant filed a claim for compensation for total disability from March 29 to July 15, 2003. As held above, she has not established that she sustained bilateral carpal tunnel syndrome due to her March 14, 2002 work injury. Consequently, appellant must show that she was disabled for the period in question as a result of her accepted cervical strain, cervical herniated nucleus pulposus, lumbar strain, and post-traumatic headaches.

In a progress report dated April 1, 2003, Dr. Dubowitch noted that he was treating appellant for injuries sustained in a March 14, 2002 motor vehicle accident. He diagnosed post-traumatic injuries to the lumbar and cervical spine, status post right carpal tunnel decompression, and left carpal tunnel decompression surgery. In a progress report dated April 29, 2003, Dr. Dubowitch found that appellant's left hand was healing well after the carpal tunnel decompression but that she still had "significant problems referable to the neck and back secondary to her disc herniations." In a report dated June 24, 2003, he diagnosed a post-traumatic disc herniation, an exacerbation of a lumbar disc herniation with radiculopathy, and status post bilateral carpal tunnel decompressions. Dr. Dubowitch did not address the relevant issue of disability from employment and thus his reports are of diminished probative value.[19]

On April 15, 2003 Dr. O'Shea discussed appellant's history of a 1998 work injury to her back and a March 2002 motor vehicle accident that "increased her low back pain and caused new right leg pain, neck, and right arm pain."[20] On examination she found full strength of the

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[17] *Id*.

[18] *William A. Archer*, 55 ECAB 674 (2004); *Fereidoon Kharabi*, 52 ECAB 291 (2001).

[19] *Sandra D. Pruitt*, 57 ECAB 126 (2005) (the issue of whether a claimant's disability is related to an accepted condition is a medical question which must be established by a physician who, on the basis of a complete and accurate factual and medical history, concludes that the disability is causally related to employment factors and supports that conclusion with sound medical reasoning.)

[20] Dr. Heyman administered lumbar epidural injections on April 7 and June 2, 2003. Appellant has not, however, claimed that she time lost from work due to medical treatment.

extremities with reduced sensation of the right arm posteriorly and a positive right Spurling's maneuver. Dr. O'Shea recommended updated diagnostic studies and a possible anterior cervical fusion and discectomy at C5-6 and C6-7. She did not address appellant's ability to work; consequently, her reports are of diminished probative value on the issue of whether appellant was disabled from March 29 to July 15, 2003.[21]

In a form report dated July 15, 2003, Dr. Bromley, a chiropractor, diagnosed a disc herniation at C4-5, radiculopathy at C5-6, a disc herniation at L4-5, radiculopathy at L5, and bilateral carpal tunnel syndrome. He checked "yes" that the condition was employment related and indicated that appellant was disabled form November 7 to 13, 2002 after her right carpal tunnel surgery and from March 20 to 31, 2003 after her left carpal tunnel surgery. Section 8101(2) of FECA provides that the term 'physician' includes chiropractors only to the extent that their reimbursable services are limited to treatment consisting of manual manipulation of the spine to correct a subluxation as demonstrated by x-ray to exist.[22] Dr. Browley did not diagnose a subluxation and thus his report is of diminished probative value.

Appellant may submit new evidence or argument with a written request for reconsideration to OWCP within one year of this merit decision, pursuant to 5 U.S.C. § 8128 and 20 C.F.R. §§ 10.605 through 10.607.

CONCLUSION

The Board finds appellant has not established that she sustained bilateral carpal tunnel syndrome causally related to her March 14, 2002 employment injury and has not established that she was disabled from March 29 to July 15, 2003 due to her accepted work injury.

[21] *See J.S.*, Docket No. 14-1929 (issued February 23, 2015); *Deborah L. Beatty*, 54 ECAB 340 (2003).

[22] 5 U.S.C. § 8101(2); *see also I.C.*, Docket No. 14-1927 (issued February 13, 2015).

ORDER

IT IS HEREBY ORDERED THAT the November 5, 2014 decision of the Office of Workers' Compensation Programs is set aside and the case is affirmed**.**

Issued: August 26, 2015
Washington, DC

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

Alec J. Koromilas, Alternate Judge
Employees' Compensation Appeals Board

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