United States Department of Labor Employees' Compensation Appeals Board

V.L., Appellant	-)
v.L., Appenant)
and) Docket No. 23-0061
U.S. POSTAL SERVICE, ABILENE POST OFFICE, Abilene, TX, Employer) Issued: August 22, 2023)))
Appearances: Appellant, pro se Office of Solicitor, for the Director	Case Submitted on the Record

DECISION AND ORDER

Before:

PATRICIA H. FITZGERALD, Deputy Chief Judge VALERIE D. EVANS-HARRELL, Alternate Judge JAMES D. McGINLEY, Alternate Judge

JURISDICTION

On October 17, 2022 appellant filed a timely appeal from a September 2, 2022 merit decision of the Office of Workers' Compensation Programs (OWCP). Pursuant to the Federal Employees' Compensation Act¹ (FECA) and 20 C.F.R. §§ 501.2(c) and 501.3, the Board has jurisdiction over the merits of this case.²

ISSUE

The issue is whether OWCP abused its discretion by denying appellant's requests for travel reimbursement for medical treatment.

¹ 5 U.S.C. § 8101 et seq.

² The Board notes that, following the September 2, 2022 decision, appellant submitted additional evidence to OWCP. However, the Board's *Rules of Procedure* provides: "The Board's review of a case is limited to the evidence in the case record that was before OWCP at the time of its final decision. Evidence not before OWCP will not be considered by the Board for the first time on appeal." 20 C.F.R. § 501.2(c)(1). Thus, the Board is precluded from reviewing this additional evidence for the first time on appeal. *Id*.

FACTUAL HISTORY

On September 11, 2015 appellant, then a 55-year-old rural carrier, filed an occupational disease claim (Form CA-2) alleging that she developed throbbing, numbness, and pain in her neck and both shoulders, arms, hands, and fingers due to factors of her federal employment. She noted that she first became aware of her condition on March 8, 2015 and realized its relation to factors of her federal employment on September 1, 2015. By decision dated March 30, 2016, OWCP accepted appellant's claim for bilateral carpal tunnel syndrome, bilateral shoulder rotator cuff tear, bilateral shoulder impingement syndrome, right shoulder primary osteoarthritis, and cervical spondylosis with radiculopathy. On July 13, 2016 appellant underwent OWCP-approved left shoulder arthroscopic surgery and stopped work. OWCP paid her wage-loss compensation on the supplemental rolls, effective July 13, 2016, and on the periodic rolls, effective September 18, 2016.

In a letter dated September 15, 2016, OWCP advised appellant that it was unable to authorize her request for travel reimbursement because the evidence of record was insufficient to establish attendance at medical appointments on the following dates: August 31, October 27, and December 7, 2015 and January 5, April 26, May 24, June 29, and July 27, 2016. OWCP requested that appellant submit medical reports supporting attendance at medical appointments on these dates, and resubmit the claims for travel reimbursement for reconsideration.

On February 22, 2017 appellant underwent OWCP approved right shoulder arthroscopic surgery.

In a letter dated May 10, 2017, OWCP advised appellant that it was unable to authorize her request for travel reimbursement on December 20, 2016 and February 21, March 9 and 13, and April 12, 2017. It informed her that there was no evidence on file to establish that she received medical treatment on the above dates for her work injury.

By decision dated August 21, 2017, OWCP expanded the acceptance of appellant's claim to include other pulmonary embolism.

In a memorandum of telephone call (Form CA-110) dated August 21, 2017, appellant indicated that she was waiting for mileage and travel reimbursement for specific dates. She explained that she submitted two letters and claims for medical reimbursement (Form OWCP-915) and travel reimbursement forms (Form OWCP-957) in June and July which outlined the specific dates and reimbursement requests. The claims examiner noted that the documents were not in the case file, and advised that they were possibly mistaken as medical bills and sent to the medical billing department.

In a letter dated September 20, 2017, appellant alleged that she was denied mileage payments for trips to her attending physician of record and surgical follow-up visits. She contended that she had records with one physician where she was reimbursed for mileage for one visit, but other visits were denied. Appellant reported that she did not understand why her physicians were paid for her office visits, but her mileage claims for the same visits were denied.

On September 29, 2017 OWCP received a chronological record of claims that appellant had with OWCP. Appellant reported the following mileage on specific dates: 366 miles to Eagle Medical Centers on October 27, 2015 and January 5, 2016; 314 miles to Texas Sports Medicine on March 9, 2017; 316 miles to Eagle Medical Centers on March 13, 2017; 370 miles to University of Texas Southwestern on March 14 and April 26, 2017; and 316 miles to Eagle Medical Centers on April 12, 2017.

In a letter dated October 12, 2017, OWCP advised appellant that it was unable to authorize her request for travel reimbursement on March 14, April 26, and May 19, 2017. It informed her that there was no evidence on file to establish that she received medical treatment on those dates for her work injury.

On January 9, 2018 appellant submitted Explanation of Benefits forms from appellant's insurance provider, which indicated that insurance benefits were paid for medical treatment that she received on March 14 and April 26, 2017 at the University of Texas Southwestern.

On January 22, 2018 appellant returned to full-time, modified-duty work.

In a letter dated February 5, 2018, OWCP advised appellant that it was unable to authorize her request for travel reimbursement on December 6, 2017. It informed her that there was no evidence on file to establish that she received medical treatment on that date for her work injury.

By decision dated November 5, 2019, OWCP expanded the acceptance of appellant's claim to include unilateral primary osteoarthritis of the first carpometacarpal joint of the left hand and bilateral wrist disorder of the ligament.

In a Form CA-110 dated November 20, 2019, an OWCP claims examiner advised appellant to resubmit all her reimbursement requests to OWCP for review.

On December 5, 2019 appellant submitted several Form OWCP-957. She indicated that on October 27, 2015 and January 5, April 26, May 24, October 25, and December 20, 2016 she traveled 366 miles from her home in Abilene, Texas to Eagle Medical Centers in Dallas, Texas. Appellant requested reimbursement for 183 miles traveled from her home to Eagle Medical Centers in Dallas, Texas on November 17, 2016. She also requested reimbursement for 316 miles traveled from her home to Eagle Medical Centers in Fort Worth, Texas on March 13, May 19, September 13, October 4, and December 6, 2017.

Appellant submitted office visit notes dated October 25, November 17, and December 20, 2016 by Dr. Christopher Mann, an osteopath specializing in family medicine, who indicated that she received medical treatment on those dates.

OWCP also received an appointment list printout from Eagle Medical Centers in Fort Worth, TX. It noted that appellant had an appointment on February 10, March 13, April 12, May 19, June 30, July 26, August 23, September 13, October 4, November 13, and December 4, 2017.

On December 28, 2019 appellant submitted a request for travel reimbursement in the amount of \$96.05 for lodging on October 27, 2015. She noted that she traveled to Eagle Medical

Centers in Dallas, Texas. Appellant submitted a billing statement from Holiday Inn Express and Suites, which noted that she was charged \$96.05 on October 27, 2015.

On December 28, 2019 appellant submitted a Form OWCP-957 requesting reimbursement for 316 miles traveled from her home to Eagle Medical Centers in Fort Worth, Texas on April 12, 2017. She provided an appointment list printout, which indicated that she had an appointment on April 12, 2017.

On January 20, 2020 appellant submitted a Form OWCP-957 requesting reimbursement for 314 miles traveled from her home to Texas Sports Medicine in Fort Worth, Texas on March 9, 2017. She provided a visits list printout, which indicated that she had an appointment on March 9, 2017.

OWCP received a Form OWCP-957 dated August 29, 2017 requesting reimbursement for 370 miles traveled from her home to the University of Texas Southwestern in Dallas, Texas on March 14 and April 26, 2017. Appellant submitted visit notes dated March 14 and April 26, 2017 by Dr. Yu Min Paul Shen, a Board-certified internist.

On April 2, 2021 appellant submitted a list of travel reimbursement claims that had not been paid from June 29, 2015 through June 15, 2020. She indicated that on October 27, 2015 and January 5, 2016 she traveled 366 miles to Eagle Medical Centers to visit her physician of record. Appellant reported that on March 9, 2017 she traveled 314 miles to Texas Sports Medicine for follow-up left shoulder surgery. She noted that, on March 13, April 12, and December 6, 2017, she traveled 316 miles to Eagle Medical Centers to see her physician of record. Appellant reported that, on March 14 and April 26, 2017, she traveled 370 miles to the University of Texas Southwestern for an oncologist check-up. She indicated that all her physicians were in the Dallas/Fort Worth metroplex area, which was why her mileage was high. Appellant also explained that, on the dates that she only claimed one way, she traveled in two days and probably submitted it incorrectly.

In a letter dated May 5, 2021, OWCP informed appellant that it had reviewed her claim to determine what was needed to process her claims for reimbursement for mileage, hotel costs, meals, and other expenses related to her medical treatment. It advised her that it was reprocessing the claims for mileage and hotel/meal reimbursement on the following dates: June 29, August 31, October 27, November 18, and December 7, 2015; January 5, April 26, May 24, October 25, and December 20, 2016; March 9, 13, and 14, April 12 and 26, May 19, September 13, October 4, and December 6, 2017; March 28, 2019; and June 15, 2020. OWCP requested that appellant resubmit all other dates that she was claiming for hotels, meals, and mileage reimbursement.

In a letter dated October 3, 2021, appellant provided a detailed list of dates for the claims that had not yet been paid from 2015 through 2021.

In a letter dated June 10, 2022, OWCP informed appellant that it was providing her with a copy of her bill pay history up to June 10, 2022. It also advised her that it had not received copies of treatment records to support specific dates from April 13, 2015 through January 10, 2020.

By decision dated September 2, 2022, OWCP denied appellant's claims for travel reimbursement for medical appointments on the following dates: October 27, 2015; January 5,

2016; March 9, 13, and 14, April 12 and 26, and December 6, 2017. It noted that it had not received any evidence to support the authorization requests.

LEGAL PRECEDENT

OWCP regulations provide that the employee is entitled to reimbursement for reasonable and necessary expenses, including transportation needed to obtain authorized medical services, appliances, or supplies.³ To determine a reasonable travel distance, it will consider the availability of services, the employee's condition, and the means of transportation. Effective August 29, 2011, the most recent regulations provide that a round-trip distance of up to 100 miles is considered a reasonable distance to travel.⁴ If round-trip travel of more than 100 miles is contemplated, or air transportation or overnight accommodations will be needed, the employee must submit a written request to OWCP for prior authorization with information describing the circumstances and necessity for such travel expenses. OWCP will approve the request if it determines that the travel expenses are reasonable and necessary, and are related to obtaining authorized medical services, appliances, or supplies.⁵

Pursuant to FECA Bulletin No. 14-02, when a claimant submits a travel reimbursement in excess of 100 miles for a single date of service, the bill will automatically be suspended, and the Central Bill Processing provider will send notification to OWCP's claims examiner.⁶ FECA Bulletin No. 14-02 notes that in some limited circumstances it may be necessary for a claimant to travel more than 100 miles on a regular basis, such as when the claimant lives in a remote area.⁷

In interpreting this section, the Board has recognized that OWCP has broad discretion in approving services provided under FECA.⁸ The only limitation on OWCP's authority is that of reasonableness. OWCP may authorize medical treatment but determine that the travel expense incurred for such authorized treatment was unreasonable or unnecessary.⁹

ANALYSIS

The Board finds that this case is not in posture for decision.

Appellant claimed travel reimbursement on specific dates from June 29, 2015 through June 15, 2020. She submitted treatment notes, appointment lists, and Explanation of Benefits documents in support of her claims. By decision dated September 2, 2022, OWCP denied

³ 20 C.F.R. § 10.315(a).

⁴ *Id*.

⁵ *Id.* at 10.315(b).

⁶ FECA Bulletin No. 14-02 (issued January 29, 2014).

⁷ *Id*.

⁸ S.M., Docket No. 19-0989 (issued May 12, 2020); G.C., Docket No. 19-0298 (issued June 24, 2019).

⁹ *Id*.

appellant's claims for travel reimbursement for medical appointments on the following dates: October 27, 2015; January 5, 2016; and March 9, 13, and 14, April 12 and 26, and December 6, 2017. It noted that it had not received any evidence to support the authorization requests.

In the case of William A. Couch, 10 the Board found that, when adjudicating a claim, OWCP is obligated to consider and address all evidence properly submitted by a claimant and received by OWCP before a final decision is issued. OWCP denied appellant's requests for travel reimbursement and noted that it had not received any evidence to support that the claimed travel was medically necessary. The Board finds that, in its September 2, 2022 decision, OWCP failed to consider and address the treatment notes, appointment lists, and Explanation of Benefits documents, which indicated that she had received medical treatment on those specific dates. In addition, it did not consider and address the April 2, 2021 statement where appellant explained that her mileage reimbursement requests were so high because all her physicians were in the Dallas/Fort Worth metropolitan area. These documents are relevant to determining whether the requested travel expenses are reasonable and necessary and are related to obtaining authorized medical services, appliances, or supplies. 11 As the Board's decisions are final as to the subject matter appealed, it is crucial that all evidence relevant to the subject matter of the claim properly submitted to OWCP be considered and addressed.¹² The case will, therefore, be remanded to OWCP to consider and address the evidence that was of record at the time of its September 2, 2022 decision. Following this and other such further development as deemed necessary, it shall issue a de novo decision.

CONCLUSION

The Board finds that this case is not in posture for decision.

¹⁰ 41 ECAB 548 (1990); see also T.S., Docket Nos. 20-1177 & 20-1296 (issued May 28, 2021).

¹¹ 20 C.F.R. § 10.315(a) & (b).

¹² T.W., Docket No. 22-0722 (issued September 29, 2022); see also T.J., Docket No. 14-1854 (issued February 3, 2015); Yvette N. Davis, 55 ECAB 475 (2004).

<u>ORDER</u>

IT IS HEREBY ORDERED THAT the September 2, 2022 decision of the Office of Workers' Compensation Programs is set aside and the case is remanded for further proceedings consistent with this decision of the Board.

Issued: August 22, 2023 Washington, DC

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

> Valerie D. Evans-Harrell, Alternate Judge Employees' Compensation Appeals Board

> James D. McGinley, Alternate Judge Employees' Compensation Appeals Board