

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

L.L., Appellant)	
)	
and)	Docket No. 24-0332
)	Issued: August 8, 2024
DEPARTMENT OF THE TREASURY,)	
INTERNAL REVENUE SERVICE,)	
Tacoma, WA, Employer)	
)	

Appearances:
Russell T. Uliase, Esq., for the appellant¹
Office of Solicitor, for the Director

Case Submitted on the Record

DECISION AND ORDER

Before:
JANICE B. ASKIN, Judge
VALERIE D. EVANS-HARRELL, Alternate Judge
JAMES D. MCGINLEY, Alternate Judge

JURISDICTION

On February 12, 2024 appellant, through counsel, filed a timely appeal from a September 14, 2023 merit decision of the Office of Workers' Compensation Programs (OWCP). Pursuant to the Federal Employees' Compensation Act² (FECA) and 20 C.F.R. §§ 501.2(c) and 501.3, the Board has jurisdiction over the merits of this case.

¹ In all cases in which a representative has been authorized in a matter before the Board, no claim for a fee for legal or other service performed on appeal before the Board is valid unless approved by the Board. 20 C.F.R. § 501.9(e). No contract for a stipulated fee or on a contingent fee basis will be approved by the Board. *Id.* An attorney or representative's collection of a fee without the Board's approval may constitute a misdemeanor, subject to fine or imprisonment for up to one year or both. *Id.*; *see also* 18 U.S.C. § 292. Demands for payment of fees to a representative, prior to approval by the Board, may be reported to appropriate authorities for investigation.

² 5 U.S.C. § 8101 *et seq.*

ISSUE

The issue is whether appellant has met her burden of proof to establish employment-related permanent impairment of a scheduled member or function of the body, warranting a schedule award.

FACTUAL HISTORY

This case has previously been before the Board.³ The facts and circumstances of the case as set forth in the Board's prior decision are incorporated herein by reference. The relevant facts are as follows.

On May 20, 2003 appellant, then a 48-year-old seasonal tax resolution representative, filed a traumatic injury claim (Form CA-1) alleging that she sustained multiple injuries at work on May 19, 2003 when she fell from a stool and struck her head while in the performance of duty. OWCP accepted her claim, assigned OWCP File No. xxxxxx070, for neck strain, face and scalp contusions, right lateral epicondylitis, and thoracic and lumbar neuritis and radiculopathy.⁴ After several intermittent work stoppages, appellant stopped working for the employing establishment in 2005. She worked on a part-time basis in the private sector until June 2010 and she elected to receive Social Security Administration disability benefits commencing June 2010.

On May 31, 2014 appellant filed a claim for compensation (Form CA-7) for a schedule award. She subsequently submitted an April 7, 2014 report from Dr. David Weiss, an osteopath Board-certified in clinical orthopedic surgery. Dr. Weiss determined that appellant had 39 percent permanent impairment of her left lower extremity, 23 percent permanent impairment of her right lower extremity, 11 percent permanent impairment of her left upper extremity, and 4 percent permanent impairment of her right upper extremity based on the sixth edition of the American Medical Association, *Guides to the Evaluation of Permanent Impairment* (A.M.A., *Guides*).⁵

OWCP referred the case record to Dr. Kenneth D. Sawyer, a Board-certified orthopedic surgeon serving as an OWCP district medical adviser (DMA), to provide an opinion regarding appellant's permanent impairment. In a June 13, 2014 report, Dr. Sawyer opined that he could not resolve inconsistent findings of Dr. Weiss as compared to other examining physicians. Because of those inconsistencies, he disagreed with the impairment ratings of Dr. Weiss and recommended an independent medical examination.

OWCP subsequently declared a conflict in the medical opinion evidence between the April 7, 2014 report of Dr. Weiss and the June 13, 2014 report of Dr. Sawyer. It referred appellant to Dr. Timothy Daly, a Board-certified orthopedic surgeon, for an impartial medical examination and an opinion regarding permanent impairment. Dr. Daly, serving as the impartial medical

³ Docket No. 19-0214 (issued May 23, 2019).

⁴ Appellant has a prior claim under OWCP File No. xxxxxx226, involving a September 6, 2001 traumatic injury accepted for neck, thoracic, and subscapularis muscle sprains/strains. OWCP has administratively combined OWCP File Nos. xxxxxx070 and xxxxxx226, and it has designated OWCP File No. xxxxxx070 as the master file.

⁵ A.M.A., *Guides* (6th ed. 2009).

examiner (IME), examined appellant on September 24, 2014 and, in a report of the same date, concluded that appellant had no ratable employment-related impairment under the sixth edition of the A.M.A., *Guides*. He explained that appellant's accepted employment injuries of contusion of the head, cervical strain, epicondylitis, and right shoulder strain had all resolved without any ratable impairment.

By decision dated January 7, 2015, OWCP denied appellant's schedule award claim, finding that the September 24, 2014 report of Dr. Daly constituted the special weight of the medical evidence. By decision dated September 9, 2015, a representative of OWCP's Branch of Hearings and Review set aside the January 7, 2015 decision and remanded the case for a supplemental opinion from Dr. Daly.

In an April 4, 2016 addendum report, Dr. Daly noted that the findings of Dr. Weiss were accurately reported by Dr. Sawyer, but he was unable to review Dr. Weiss' 2014 and 2015 reports as requested because the reports had not been provided.

By decision dated September 12, 2016, OWCP again denied appellant's schedule award claim. By decision dated December 6, 2016, a representative of OWCP's Branch of Hearings and Review set aside the September 12, 2016 decision, finding that there was not a true conflict in the medical opinion evidence between the reports of Dr. Weiss and Dr. Sawyer, the DMA. Rather, a new conflict in the medical opinion evidence existed between the opinions of Dr. Weiss and Dr. Daly, now reduced from an IME to an OWCP referral physician. It therefore remanded the case to OWCP for referral to a new IME.

On remand OWCP referred appellant and the case record to Dr. St. Elmo Newton, III, a Board-certified orthopedic surgeon, for an impartial medical examination and opinion regarding appellant's permanent impairment. In a March 22, 2017 report, Dr. Newton found that appellant had no permanent impairment of a scheduled member or function of the body. By decision dated April 10, 2017, OWCP denied appellant's schedule award claim, finding that the special weight of the medical opinion evidence with respect to appellant's permanent impairment rested with the opinion of Dr. Newton.

By decision dated August 24, 2017, a representative of OWCP's Branch of Hearings and Review set aside the April 10, 2017 decision. He found that Dr. Newton was not qualified to serve as an IME due to his association with another physician involved in the present claim, and remanded the case to OWCP for referral to a new IME.

On remand OWCP referred appellant and the case record to Dr. Josef K. Eichinger, a Board-certified orthopedic surgeon, for an impartial medical examination and opinion regarding appellant's permanent impairment under the sixth edition of the A.M.A., *Guides*.

In a June 13, 2018 report, Dr. Eichinger noted appellant's factual and medical history and reported the findings of his physical examination conducted on May 25, 2018, noting that appellant "demonstrated a nonphysiologic and inconsistent examination." He indicated that, although appellant had an electromyogram documenting left S1 radiculopathy and left tibial neuropathy, this would not explain the nonphysiologic global weakness she demonstrated during the examination of her left lower extremity. Dr. Eichinger indicated that, given the lack of consistency

on multiple elements of appellant's examination, no permanent impairment could be attributed to her preexisting conditions. He maintained that all of appellant's accepted conditions had resolved and opined that she did not have any permanent impairment of her extremities under the sixth edition of the A.M.A., *Guides*.

By decision dated June 29, 2018, OWCP denied modification of its prior decision, finding that the special weight of the medical opinion evidence with respect to appellant's permanent impairment rested with the June 13, 2018 report of Dr. Eichinger, the IME.

Appellant appealed her case to the Board and, by decision dated May 23, 2019,⁶ the Board set aside OWCP's June 29, 2018 decision. The Board found that the case was not in posture for decision and remanded the case for additional development with Dr. Eichinger or for a new impartial medical examination. Upon receipt of Dr. Eichinger's addendum report or new examination report, and completion of other development as deemed necessary, the Board directed OWCP to issue a *de novo* schedule award decision.

On September 10, 2019 OWCP referred appellant, and the case record to Dr. Alan B. Brown, a Board-certified orthopedic surgeon, for an impartial medical examination and opinion regarding appellant's permanent impairment under the sixth edition of the A.M.A., *Guides*. In an October 10, 2019 report, Dr. Brown determined that the claimant had no ratable impairment. He stated that appellant reached maximum medical improvement (MMI) on September 4, 2004 for all conditions other than her elbow, and reached MMI for her elbow on April 20, 2005, based on medical reports of record.

By decision dated December 20, 2019, OWCP denied appellant's schedule award claim, affording special weight of the medical opinion evidence regarding permanent impairment to Dr. Brown, the IME. Following an April 17, 2020 hearing, by decision dated July 27, 2020, a representative of OWCP's Branch of Hearings and Review set aside the December 20, 2019 decision, finding that OWCP impermissibly referred appellant to a new IME, rather than first attempting to get clarification from Dr. Eichinger. The hearing representative instructed OWCP to request a supplemental report from Dr. Eichinger. Upon receipt of the report, and completion of any additional development deemed necessary, she directed OWCP to issue a *de novo* schedule award decision.

In accordance with the remand, OWCP made attempts on July 16, 2021, and January 12, 2022, to obtain supplemental reports from Dr. Eichinger to discuss discrepancies noted in his May 25, 2018 report. No response was received from Dr. Eichinger. Therefore, on October 19, 2022, OWCP referred appellant and the case record, including a statement of accepted facts (SOAF), to Dr. Duane Hopp, a Board-certified orthopedic surgeon, for an impartial medical examination and evaluation regarding permanent impairment under the sixth edition of the A.M.A., *Guides*.

A Form ME023 reflecting Dr. Hopp's selection as the IME was entered into the Integrated Federal Employees' Compensation System (iFECS) on October 18, 2022. Notations associated with this Form ME023-Appointment Schedule Notification include comments explaining why

⁶ *Supra* note 3.

other physicians were bypassed for selection as the IME, such as comments that a given physician did not accept U.S. Department of Labor patients or did not treat the neck or back.

In a December 19, 2022 report, Dr. Hopp discussed appellant's factual and medical history and reported the findings of his physical examination, which he indicated was "completely normal with no measurable impairment." He indicated that appellant had a normal non-antalgic gait and did not exhibit tenderness on palpation of the neck, midback, low back, sacroiliac joint, or right elbow. Appellant had 5/5 muscle strength in the shoulders, elbows, hip, and knees, and straight leg testing was negative bilaterally. Dr. Hopp indicated that the range of motion of the upper and lower extremities was full without restriction. He advised that, with respect to appellant's neck strain, he had consulted Table 15-21 (Peripheral Nerve Impairment (Upper Extremity Impairments)), beginning on page 436 of the sixth edition of the A.M.A., *Guides*, and the Proposed Table 1 for Spinal Nerve Impairment (Upper Extremity Impairments) of *The Guides Newsletter, Rating Spinal Nerve Extremity Impairment Using the Sixth Edition* (July/August 2009) (*The Guides Newsletter*), a supplemental publication of the A.M.A., *Guides*. Dr. Hopp indicated that, on examination, appellant showed no findings of motor or sensory loss and had no impairment rating stemming from the neck strain. He found that there was no evidence of any continued residuals of the face/scalp contusions, condition which he stated had long since resolved and would not incur any permanent impairment per Table 11-5 (Facial Disorder/Disfigurement) on page 262 of the A.M.A., *Guides*.

Dr. Hopp evaluated the accepted condition of right lateral epicondylitis under Table 15-4 (Elbow Regional Grid), page 399, and noted that appellant had no abnormal objective findings on examination with respect to range of motion loss, motor loss, or sensory loss in the right upper extremity. He advised that this would place appellant under Class 0 for the condition of right lateral epicondylitis and would result in zero percent permanent impairment. For the accepted conditions of thoracic and lumbar neuritis/radiculopathy, Dr. Hopp consulted Table 15-21, Table 16-12 (Peripheral Nerve Impairment (Lower Extremity Impairments)), beginning on page 534 of the A.M.A., *Guides*, as well as the Proposed Table 1 and the Proposed Table 2 for Spinal Nerve Impairment (Lower Extremity Impairments) of *The Guides Newsletter*. He indicated that, on examination, appellant displayed no objective findings of sensory or motor deficits in the upper or lower extremities due to these accepted conditions. Dr. Hopp advised that she had no findings of neuritis or radiculopathy. Although appellant had subjective complaints, as noted in previous independent evaluations, these complaints were not supported by objective clinical findings. Dr. Hopp concluded that, due to the lack of findings to support impairment, there was no ratable impairment for the thoracic and lumbar neuritis/radiculopathy conditions. He concluded that appellant had no ratable impairment under the sixth edition of the A.M.A., *Guides* due to her normal physical examination. Dr. Hopp stated that she reached MMI on January 4, 2005, after which all evaluative studies were negative.

By decision dated February 2, 2023, OWCP denied appellant's claim for a schedule award. It afforded the special weight of the medical opinion evidence with respect to her permanent impairment to the December 19, 2022 opinion of Dr. Hopp, the IME.

On February 6, 2023 appellant through counsel, requested a telephonic hearing before a representative of OWCP's Branch of Hearings and Review. At the hearing held on July 11, 2023,

counsel argued that the selection of Dr. Hopp as the IME was procedurally incorrect and that his December 19, 2022 report was not well rationalized.

By decision dated September 14, 2023, OWCP's hearing representative affirmed the February 2, 2023 decision.

LEGAL PRECEDENT

The schedule award provisions of FECA,⁷ and its implementing federal regulations,⁸ set forth the number of weeks of compensation payable to employees sustaining permanent impairment from loss, or loss of use, of scheduled members or functions of the body. However, FECA does not specify the manner in which the percentage of loss shall be determined. For consistent results and to ensure equal justice under the law for all claimants, OWCP has adopted the A.M.A., *Guides* as the uniform standard applicable to all claimants.⁹ As of May 1, 2009, the sixth edition of the A.M.A., *Guides* is used to calculate schedule awards.¹⁰

In determining impairment for the upper extremities under the sixth edition of the A.M.A., *Guides*, an evaluator must establish the appropriate diagnosis for each part of the upper extremity to be rated. With respect to the elbow, a relevant portion of the arm for the present case, reference is made to Table 15-4 (Elbow Regional Grid) beginning on page 398. After the class of diagnosis (CDX) is determined (including identification of a default grade value), the net adjustment formula is applied using the grade modifier for functional history (GMFH), grade modifier for physical examination (GMPE), and grade modifier for clinical studies (GMCS). The net adjustment formula is (GMFH - CDX) + (GMPE - CDX) + (GMCS - CDX).¹¹

Neither FECA nor its implementing regulations provide for the payment of a schedule award for the permanent loss of use of the back/spine or the body as a whole.¹² However, a schedule award is permissible where the employment-related spinal condition affects the upper and/or lower extremities.¹³ The sixth edition of the A.M.A., *Guides* (2009) provides a specific methodology for rating spinal nerve extremity impairment in *The Guides Newsletter*, which is a

⁷ 5 U.S.C. § 8107.

⁸ 20 C.F.R. § 10.404.

⁹ *Id.*

¹⁰ Federal (FECA) Procedure Manual, Part 2 -- Claims, *Schedule Award and Permanent Disability Claims*, Chapter 2.808.5a (March 2017); *id.* at Part 3 -- Medical, *Schedule Awards*, Chapter 3.700.2 and Exhibit 1 (January 2010).

¹¹ See A.M.A., *Guides* (6th ed. 2009) 398-411. Table 15-4 also provides that, if motion loss is present for a claimant who has lateral or medial epicondylitis, impairment may alternatively be assessed using section 15.7 (range of motion impairment). Such a range of motion impairment stands alone and is not combined with a diagnosis-based impairment. *Id.* at 399, 475-78.

¹² 5 U.S.C. § 8107(c); 20 C.F.R. § 10.404(a) and (b); see *A.G.*, Docket No. 18-0815 (issued January 24, 2019); *Jay K. Tomokiyo*, 51 ECAB 361, 367 (2000).

¹³ *Supra* note 10 at Part 2 -- Claims, *Schedule Awards and Permanent Disability Claims*, Chapter 2.808.5c(3) (March 2017).

supplemental publication of the sixth edition of the A.M.A., *Guides*. It was designed for situations where a particular jurisdiction, such as FECA, mandated ratings for extremities and precluded ratings for the spine. The FECA-approved methodology is premised on evidence of radiculopathy affecting the upper and/or lower extremities. The appropriate tables for rating spinal nerve extremity impairment are incorporated in the Federal (FECA) Procedure Manual.¹⁴

Section 8123(a) of FECA provides that if there is a disagreement between the physician making the examination for the United States and the physician of an employee, the Secretary shall appoint a third physician (known as a referee physician or IME) who shall make an examination.¹⁵ For a conflict to arise, the opposing physicians' opinions must be of virtually equal weight and rationale.¹⁶ In situations where the case is properly referred to an IME for the purpose of resolving the conflict, the opinion of such specialist, if sufficiently well rationalized and based upon a proper factual background, must be given special weight.¹⁷

The Medical Management Application (MMA) system provides for a rotation among potential IMEs from the American Board of Medical Specialties, including the medical boards of the American Medical Association, and those physicians Board-certified with the American Osteopathic Association.¹⁸ Upon proper entry of appointment information, the MMA system prompts the medical scheduler to prepare a Form ME023 for imaging into the case file.¹⁹

The MMA contains an automatic and strict rotational scheduling feature. This application provides for consistent rotation among physicians and records the information needed to document the selection of the physician.²⁰ The services of all available and qualified Board-certified specialists will be used as far as possible to eliminate any inference of bias or partiality. This is accomplished by selecting physicians (in the designated specialty in the appropriate geographic area) in alphabetical order as listed in the roster and repeating the process until the list is exhausted.²¹ OWCP's procedures provide that if the case requires a different subspecialty, or if

¹⁴ *Supra* note 10 at Part 3 -- Medical, *Schedule Awards*, Chapter 3.700, Exhibit 4 (January 2010).

¹⁵ 5 U.S.C. § 8123(a); *see E.L.*, Docket No. 20-0944 (issued August 30, 2021); *R.S.*, Docket No. 10-1704 (issued May 13, 2011); *S.T.*, Docket No. 08-1675 (issued May 4, 2009); *M.S.*, 58 ECAB 328 (2007).

¹⁶ *P.R.*, Docket No. 18-0022 (issued April 9, 2018); *see also Darlene R. Kennedy*, 57 ECAB 414 (2006); *Gloria J. Godfrey*, 52 ECAB 486 (2001).

¹⁷ *See D.M.*, Docket No. 18-0746 (issued November 26, 2018); *R.H.*, 59 ECAB 382 (2008); *James P. Roberts*, 31 ECAB 1010 (1980).

¹⁸ *Supra* note 10 at Part 3 -- Medical, *OWCP Directed Medical Examinations*, Chapter 500.5a (May 2013).

¹⁹ *Id.* at Chapter 3.500.5h(i) (May 2013). The ME023 serves as documentary evidence that the referee appointment was scheduled through the MMA rotational system. *Id.*

²⁰ *Id.* at Chapter 3.500.5 (May 2013).

²¹ *Id.* at Chapter 3.500.4b(6) (July 2011).

the physician does not evaluate the specific body part or extremity, the physician can be bypassed and another physician can be contacted.²²

ANALYSIS

The Board finds that appellant has not met her burden of proof to establish employment-related permanent impairment of a scheduled member or function of the body, warranting a schedule award.

OWCP determined that there was a conflict in the medical opinion between Dr. Weiss, appellant's attending physician, and the OWCP referral physician, Dr. Daly, on the issue of whether appellant had permanent impairment. In order to resolve the conflict, OWCP properly referred appellant, pursuant to section 8123(a) of FECA, to Dr. Hopp for an impartial medical examination and an opinion on the matter.²³ In situations where there exist opposing medical reports of virtually equal weight and rationale and the case is referred to an IME for the purpose of resolving the conflict, the opinion of such specialist, if sufficiently well rationalized and based upon a proper factual background, must be given special weight.²⁴

Preliminarily, the Board will address the selection of Dr. Hopp as the IME. The Board notes that selection of an IME was warranted due to the above-noted conflict in the medical opinion evidence. A Form ME023 reflecting Dr. Hopp's selection as the IME was entered into iFECs on October 18, 2022. Notations associated with this Form ME023 include comments explaining why other physicians were bypassed for selection as the IME, such as comments that a given physician did not accept U.S. Department of Labor patients or did not treat the neck or back. As noted above, OWCP's procedures provide various reasons for bypassing physicians during the IME selection process, including if the physician does not evaluate the specific body part or extremity, and that, upon proper entry of appointment information, the MMA system prompts the medical scheduler to prepare a Form ME023 for imaging into the case file.²⁵ The Board has reviewed the documents pertaining to the IME selection and finds that physicians were properly bypassed under the MMA system and Dr. Hopp was properly selected as the IME in the present case.²⁶

In a December 19, 2022 report, Dr. Hopp discussed appellant's factual and medical history and reported the findings of his physical examination, which he indicated was "completely normal with no measurable impairment." He advised that, with respect to appellant's neck strain, he had consulted Table 15-21, beginning on page 436 of the sixth edition of the A.M.A., *Guides*, and the Proposed Table 1 of *The Guides Newsletter*. Dr. Hopp indicated that, on examination, appellant showed no findings of motor or sensory loss and had no impairment rating stemming from the neck strain. He found that there was no evidence of any continued residuals of the face/scalp

²² *Id.* at Chapter 3.500.6 (July 2011).

²³ *See supra* notes 15 and 16.

²⁴ *Jack R. Smith*, 41 ECAB 691, 701 (1990); *James P. Roberts*, *supra* note 17.

²⁵ *See supra* note 23.

²⁶ *See Y.J.*, Docket No. 23-0764 (issued January 22, 2024); *S.W.*, Docket 09-1110 (issued February 19, 2010).

contusions, condition which he stated had long since resolved and would not incur any permanent impairment per Table 11-5 on page 262 of the A.M.A., *Guides*. Dr. Hopp evaluated the accepted condition of right lateral epicondylitis under Table 15-4 on page 399 of the A.M.A., *Guides* and noted that appellant had no abnormal objective findings on examination with respect to range of motion loss, motor loss, or sensory loss in the right upper extremity. He advised that this would place appellant under Class 0 for the condition of right lateral epicondylitis and would result in zero percent permanent impairment. For the accepted conditions of thoracic and lumbar neuritis/radiculopathy, Dr. Hopp consulted Table 15-21, Table 16-12, beginning on page 534 of the A.M.A., *Guides*, as well as the Proposed Table 1 and the Proposed Table 2 of *The Guides Newsletter*. He indicated that, on examination, appellant displayed no objective findings of sensory or motor deficits in the upper or lower extremities due to these accepted conditions. Dr. Hopp advised that she had no findings of neuritis or radiculopathy. Although appellant had subjective complaints, as noted in previous independent evaluations, these complaints were not supported by objective clinical findings. He concluded that, due to the lack of findings to support impairment, there was no ratable impairment for the thoracic and lumbar neuritis/radiculopathy conditions. Dr. Hopp concluded that appellant had no ratable impairment under the sixth edition of the A.M.A., *Guides* due to her normal physical examination.²⁷

The Board finds that the special weight of the medical opinion evidence is represented by the thorough, well-rationalized opinion of Dr. Hopp, the IME, who found that appellant did not have permanent impairment under the relevant standards.²⁸ The Board has reviewed the opinion of Dr. Hopp and notes that it has reliability, probative value and convincing quality with respect to its conclusions regarding the relevant issue of the present case. Dr. Hopp's opinion provided a thorough factual and medical history and accurately summarized the relevant medical evidence.²⁹ He provided medical rationale for his opinion by explaining that appellant had a normal examination, which did not reveal any permanent impairment under the A.M.A., *Guides*.

For these reasons, appellant has not met her burden of proof to establish employment-related permanent impairment of a scheduled member or function of the body, warranting a schedule award.

Appellant may request a schedule award or increased schedule award at any time based on evidence of a new exposure or medical evidence showing progression of an employment-related condition resulting in permanent impairment or increased permanent impairment.

CONCLUSION

The Board finds that appellant has not met her burden of proof to establish employment-related permanent impairment of a scheduled member or function of the body, warranting a schedule award.

²⁷ Dr. Hopp stated that MMI was reached on January 4, 2005, after which all evaluative studies were negative.

²⁸ See *supra* note 17.

²⁹ See *W.C.*, Docket No. 18-1386 (issued January 22, 2019); *Melvina Jackson*, 38 ECAB 443 (1987).

ORDER

IT IS HEREBY ORDERED THAT the September 14, 2023 decision of the Office of Workers' Compensation Programs is affirmed.

Issued: August 8, 2024
Washington, DC

Janice B. Askin, Judge
Employees' Compensation Appeals Board

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

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