

² The Board notes that appellant submitted additional evidence to OWCP following the August 14, 2024 decision. 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 at the time of its final decision 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.*

ISSUE

The issue is whether OWCP abused its discretion by denying appellant's request for authorization of left knee hyaluronic acid injection into the bursa.

FACTUAL HISTORY

On October 27, 2023 appellant, then a 46-year-old general biological scientist, filed a traumatic injury claim (Form CA-1) alleging that on October 26, 2023 he injured his left knee when he slipped and fell on a log en route to a burn pile on a snowy slope while in the performance of duty.

On November 29, 2023 OWCP accepted the claim for left knee medial collateral ligament sprain.

Appellant underwent OWCP-authorized left knee arthroscopic partial and medial and lateral meniscectomy with medial femoral condyle debridement on December 18, 2023.

In a report dated July 2, 2024, Dr. Karen Perser, a Board-certified orthopedic surgeon, noted that appellant continued to have symptoms of left medial femoral condyle chondromalacia after having undergone partial meniscectomy. She related that his knee would be sore when he was doing hill activity at work or running. Dr. Perser indicated that she would seek authorization for a hyaluronic acid injection. On July 9, 2024 OWCP received a request for authorization of a left knee hyaluronic acid injection into the bursa.³

In a development letter dated July 9, 2024, OWCP advised appellant that the proposed medical procedure could not be approved. It explained that the requested authorization code was not supported by the currently accepted condition. OWCP advised appellant to submit a narrative medical report that included a history of the work injury or exposure and all prior industrial and non-industrial injuries to similar parts of the body, objective and subjective findings on examination, results of any testing, the medical condition(s), for which treatment was recommended, and a medical explanation as to how the reported work incident or exposure caused or contributed to the medical condition(s). It afforded him 30 days to submit the requested evidence.

OWCP received additional progress reports from Dr. Perser. In a report dated January 25, 2024, Dr. Perser related that appellant was seen in follow up for six weeks post arthroscopic left knee partial medial and lateral meniscectomies. She related that he had returned too quickly to his strenuous activities, but he could be released to work without restriction. On March 28, 2024 Dr. Perser related that appellant was having residual symptoms. She recommended that he avoid aggravating activities for the next week or two, and attempt a trial of nonsteroidal anti-inflammatory drug prior to activity. Dr. Perser also noted that she had referred appellant to physical therapy. In a May 16, 2024 report, she noted that Visco supplementation or platelet rich plasma (PRP) might be beneficial for appellant, if the symptoms persisted.

³ Medical codes J7325 SYNVISCO one injection, 20610 drain/INJ joint/bursa, W/O.

On August 14, 2024 OWCP expanded acceptance of the claim to include complex tear of medial meniscus, left knee, and chondromalacia, left knee.

By decision dated August 14, 2024, OWCP denied authorization for left knee hyaluronic acid injection. It explained that the evidence did not support that the requested procedures were medically necessary to address the effects of appellant's work-related conditions under FECA.

LEGAL PRECEDENT

Section 8103(a) of FECA⁴ provides that the United States shall furnish to an employee who is injured while in the performance of duty, the services, appliances, and supplies prescribed by or recommended by a qualified physician, which OWCP considers likely to cure, give relief, reduce the degree or the period of disability, or aid in lessening the amount of the monthly compensation.⁵

In interpreting this section of FECA, the Board has recognized that OWCP has broad discretion in determining whether a particular type of treatment is likely to cure or give relief.⁶ The only limitation on OWCP's authority is that of reasonableness.⁷ Abuse of discretion is generally shown through proof of manifest error, clearly unreasonable exercise of judgment, or actions taken which are contrary to both logic and probable deductions from established facts. It is not enough to merely show that the evidence could be construed to produce a contrary factual conclusion.⁸

While OWCP is obligated to pay for treatment of employment-related conditions, appellant has the burden of proof to establish that the expenditures were incurred for treatment of the effects of an employment-related injury or condition.⁹ Proof of causal relationship in a case such as this must include supporting rationalized medical evidence.¹⁰ In order for a procedure to be authorized, appellant must establish that the procedure was for a condition causally related to the employment

⁴ 5 U.S.C. § 8103(a).

⁵ *Id.*; see *J.K.*, Docket No. 20-1313 (issued May 17, 2021); *Thomas W. Stevens*, 50 ECAB 288 (1999).

⁶ *R.C.*, Docket No. 18-0612 (issued October 19, 2018); *W.T.*, Docket No. 08-812 (issued April 3, 2009).

⁷ See *S.Y.*, Docket No. 24-0443 (issued May 28, 2024); see *D.C.*, Docket No. 20-0854 (issued July 19, 2021); *C.L.*, Docket No. 17-0230 (issued April 24, 2018); *D.K.*, 59 ECAB 141 (2007).

⁸ See *E.F.*, Docket No. 20-1680 (issued November 10, 2021); *J.L.*, Docket No. 18-0503 (issued October 16, 2018).

⁹ *R.M.*, Docket No. 19-1319 (issued December 10, 2019); *J.T.*, Docket No. 18-0503 (issued October 16, 2018); *Debra S. King*, 44 ECAB 203, 209 (1992).

¹⁰ *K.W.*, Docket No. 18-1523 (issued May 22, 2019); *C.L.*, Docket No. 17-0230 (issued April 24, 2018); *M.B.*, 58 ECAB 588 (2007); *Bertha L. Arnold*, 38 ECAB 282 (1986).

injury and that the procedure was medically warranted.¹¹ Both of these criteria must be met in order for OWCP to authorize payment.¹²

ANALYSIS

The Board finds that OWCP did not abuse its discretion in denying appellant's request for authorization of left knee hyaluronic acid injection.

On July 9, 2024 OWCP received a request for authorization for hyaluronic acid injection.

OWCP received reports dated January 25, March 28, May 16, and July 2, 2024, from Dr. Perser who indicated that she treated appellant for pain in the left knee. On March 28, 2024 Dr. Perser related that appellant was having residual symptoms following his left knee arthroscopic partial and medial and lateral meniscectomy with medial femoral condyle debridement on December 18, 2023. She recommended that he avoid aggravating activities for the next week or two, and attempt a trial of nonsteroidal anti-inflammatory drug prior to activity. Dr. Perser also noted that he had referred appellant to physical therapy. In a May 16, 2024 report, she noted that Visco supplementation or platelet rich plasma (PRP) might be beneficial for appellant, if the symptoms persisted. In her July 2, 2024 report, Dr. Perser recounted that appellant continued to have symptoms of left medial femoral condyle chondromalacia after having undergone partial meniscectomy. She related that his knee would be sore when he was performing hill activity at work or running. Dr. Perser indicated that she would seek authorization for a hyaluronic acid injection. While she noted several alternative conservative treatments for appellant's continued left knee pain, she did not provide a rationalized opinion to establish that the requested procedure of hyaluronic acid injection was for treatment of a work-related injury and was medically necessary.¹³

As noted, the only restriction on OWCP's authority to authorize medical treatment is one of reasonableness.¹⁴ In the instant case, appellant did not submit evidence to support that the requested procedure was medically necessary to treat his accepted conditions. The Board thus finds that OWCP did not abuse its discretion by denying her request for authorization of left knee hyaluronic acid injection.

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(a) and 20 C.F.R. §§ 10.605 through 10.607.

¹¹ *T.A.*, Docket No 19-1030 (issued November 22, 2019); *Zane H. Cassell*, 32 ECAB 1537, 1540-41 (1981); *John E. Benton*, 15 ECAB 48, 49 (1963).

¹² *J.L.*, Docket No. 18-0990 (issued March 5, 2019); *R.C.*, 58 ECAB 238 (2006); *Cathy B. Millin*, 51 ECAB 331, 333 (2000).

¹³ *Supra* note 11.

¹⁴ *Supra* note 7.

CONCLUSION

The Board finds that OWCP did not abuse its discretion by denying appellant's request for authorization for left knee hyaluronic acid injection.

ORDER

IT IS HEREBY ORDERED THAT the August 14, 2024 decision of the Office of Workers' Compensation Programs is affirmed.

Issued: January 28, 2025
Washington, DC

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

Janice B. Askin, Judge
Employees' Compensation Appeals Board

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