

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

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**A.H., Appellant**

**and**

**U.S. POSTAL SERVICE, POST OFFICE,  
Powell, OH, Employer**

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**Docket No. 15-557  
Issued: May 8, 2015**

*Appearances:*  
*Appellant, pro se*  
*Office of Solicitor, for the Director*

*Case Submitted on the Record*

**DECISION AND ORDER**

Before:

CHRISTOPHER J. GODFREY, Chief Judge  
PATRICIA H. FITZGERALD, Deputy Chief Judge  
ALEC J. KOROMILAS, Alternate Judge

**JURISDICTION**

On January 12, 2015 appellant filed a timely appeal from a December 23, 2014 merit decision of the Office of Workers' Compensation Programs (OWCP). Pursuant to the Federal Employees' Compensation Act<sup>1</sup> (FECA) and 20 C.F.R. §§ 501.2(c) and 501.3, the Board has jurisdiction over the merits of this case.

**ISSUE**

The issue is whether OWCP properly terminated appellant's wage-loss compensation and medical benefits, effective December 23, 2014, as she no longer had any residuals or disability causally related to her accepted employment injuries.

**FACTUAL HISTORY**

OWCP accepted that on November 25, 2013 appellant, then a 46-year-old rural mail carrier, sustained a right ankle and lumbosacral sprain, a contusion of the right thigh and

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<sup>1</sup> 5 U.S.C. § 8101 *et seq.*

abdominal wall, and unspecified arthropathy of the pelvic region and thigh as a result of a motor vehicle accident. Appellant stopped work on the date of injury. OWCP paid temporary total disability compensation.

In an October 27, 2014 narrative medical report, Dr. Matthew A. Bridger, an attending Board-certified family practitioner, noted the physical requirements of appellant's job and provided a history of the November 25, 2013 employment injuries and medical treatment. On physical examination, he reported that she moved with mild difficulty, her gait continued to favor the left, and she felt unbalanced. On examination of the lumbar spine, Dr. Bridger found mild evidence of pain during a range of motion. No surgical scar nor scoliosis was present. There was tenderness to palpation. Faber testing remained positive, right greater than the left. An examination of the right foot and ankle revealed a normal Achilles tendon. Bruising, joint crepitus, joint effusion, and pes planus were absent. Movement of the ankle caused pain with rotation and compression. A dorsalis pedis and posterior tibialis pulses were present. Range of motion was normal. Swelling remained impressive in the bilateral lower legs. Palpation and touch to the lower legs was uncomfortable. No ulcers or lesions were seen. Appellant was able to bear weight and walk in flops. A vasculitic rash had improved, but remained present (nonblanchable). Dr. Bridger diagnosed right ankle sprain, lumbosacral joint sprain/strain, a contusion of the thigh, flank, and chest wall, and unspecified arthropathy of the pelvis and thigh. He restricted appellant from standing for periods of time. Dr. Bridger advised that the cause of this problem appeared to be, in part, related to her work activities which aggravated an underlying preexisting condition. He concluded that appellant's recommended work status "is no work capacity" effective the date of his examination.

In an October 27, 2014 duty status report (Form CA-17), Dr. Bridger indicated November 25, 2013 as the date of injury. He released appellant to return to work without restrictions as of October 27, 2014. Dr. Bridger noted that she had been on disability for a nonoccupational condition.

In an October 27, 2014 physician's report of work ability form, Dr. Bridger reiterated his prior diagnoses of right ankle sprain, lumbosacral joint sprain/strain, a contusion of the thigh, flank, and chest wall, and unspecified arthropathy of the pelvis and thigh. He placed a checkmark in a box indicating that appellant is temporarily not released to return to any work, including the former position of employment, from the date of his report. Dr. Bridger advised that she had reached maximum medical improvement on the date of his report.

By notice dated November 12, 2014, OWCP advised appellant that it proposed to terminate her wage-loss compensation and medical benefits on the grounds that Dr. Bridger's October 27, 2014 report found that the accepted employment injuries had resolved and that she was capable of returning to work without restrictions. It afforded her 30 days to submit additional evidence or argument regarding the proposed termination.

In reports dated December 4, 2013 to December 8, 2014, Dr. Bridger provided examination findings. He reiterated his diagnoses of right ankle sprain, lumbosacral joint sprain/strain, a contusion of the thigh, flank, and chest wall, and unspecified arthropathy of the pelvis and thigh, and his opinion that it appeared the cause of appellant's problems was her work activities which aggravated an underlying preexisting condition. Dr. Bridger also reiterated his

recommendation that appellant's work status "is no work capacity" and indicated with a checkmark that she "is temporarily not released to return to any work, including the former position of employment." In the reports dated January 6, February 6, and April 8, 2014, he advised that appellant could perform restricted-duty work.

In a December 23, 2014 decision, OWCP finalized the termination of appellant's medical benefits effective that day. It found that the weight of the medical opinion evidence rested with Dr. Bridger's October 27 and December 8, 2014 reports which stated that she no longer had any employment-related disability.

### **LEGAL PRECEDENT**

Once OWCP accepts a claim and pays compensation, it has the burden of justifying termination or modification of an employee's benefits.<sup>2</sup> It may not terminate compensation without establishing that the disability ceased or that it was no longer related to the employment.<sup>3</sup> The burden of proof includes the necessity of furnishing rationalized medical opinion evidence based on a proper factual and medical background.<sup>4</sup> The right to medical benefits for an accepted condition is not limited to the period of entitlement for disability compensation.<sup>5</sup> To terminate authorization for medical treatment, OWCP must establish that appellant no longer has residuals of an employment-related condition, which require further medical treatment.<sup>6</sup>

### **ANALYSIS**

OWCP accepted that appellant sustained a right ankle and lumbosacral sprain, a contusion of the right thigh and abdominal wall, and unspecified arthropathy of the pelvic region and thigh while in the performance of duty. Appellant received monetary compensation after she stopped work. OWCP terminated her wage-loss compensation and medical benefits based on the medical opinion of Dr. Bridger, appellant's attending physician.

Dr. Bridger's reports provided examination findings and diagnosed the accepted employment-related conditions. His October 27, 2014 Form CA-17 report indicated a date of injury as November 25, 2013 and found that appellant could return to work with no restrictions. Dr. Bridger noted that she had been on disability due to a nonoccupational condition. In reports dated January 6, February 6, and April 8, 2014, he released appellant to return to restricted-duty work. In his remaining reports, Dr. Bridger either advised that appellant's recommended work status "is no work capacity" or indicated with a checkmark that she "is temporarily not released to return to any work, including the former position of employment." To be of probative value, a

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<sup>2</sup> *S.F.*, 59 ECAB 642 (2008); *Kelly Y. Simpson*, 57 ECAB 197 (2005); *Paul L. Stewart*, 54 ECAB 824 (2003).

<sup>3</sup> *Jason C. Armstrong*, 40 ECAB 907 (1989); *Charles E. Minnis*, 40 ECAB 708 (1989); *Vivien L. Minor*, 37 ECAB 541 (1986).

<sup>4</sup> *See Del K. Rykert*, 40 ECAB 284, 295-96 (1988).

<sup>5</sup> *T.P.*, 58 ECAB 524 (2007); *Kathryn E. Demarsh*, 56 ECAB 677 (2005).

<sup>6</sup> *A.P.*, Docket No. 08-1822 (issued August 5, 2009); *James F. Weikel*, 54 ECAB 660 (2003); *Pamela K. Guesford*, 53 ECAB 727 (2002).

physician's opinion should be one of reasonable medical certainty.<sup>7</sup> Dr. Bridger's opinion as to whether appellant had any continuing employment-related disability is equivocal in nature and not to a reasonable degree of medical certainty. Moreover, he failed to provide any medical rationale to support his opinion that appellant could return to work with no restrictions. Dr. Bridger did not specifically identify appellant's nonoccupational condition or explain how her disability was caused by this condition and not the accepted November 25, 2013 employment-related conditions. The Board has consistently held that a medical opinion not fortified by rationale is of limited probative value.<sup>8</sup> The Board finds that OWCP has failed to meet its burden of proof to terminate appellant's wage-loss compensation and medical benefits effective December 23, 2014 based on Dr. Bridger's reports of record. They do not establish that appellant's employment-related disability had ceased.

Accordingly, the Board will reverse the December 23, 2014 OWCP decision which terminated appellant's compensation benefits as she no longer had any residuals or disability causally related to her November 25, 2013 employment-related injuries.<sup>9</sup>

### **CONCLUSION**

The Board finds that OWCP failed to meet its burden of proof to terminate appellant's wage-loss compensation and medical benefits effective December 23, 2014.

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<sup>7</sup> See *Beverly R. Jones*, 55 ECAB 411 (2004).

<sup>8</sup> *A.D.*, 58 ECAB 149 (2006).

<sup>9</sup> *P.J.*, Docket No. 13-1998 (issued April 14, 2014); *D.H.*, Docket No. 12-1975 (issued June 5, 2013).

**ORDER**

**IT IS HEREBY ORDERED THAT** the December 23, 2014 decision of the Office of Workers' Compensation Programs is reversed.

Issued: May 8, 2015  
Washington, DC

Christopher J. Godfrey, Chief Judge  
Employees' Compensation Appeals Board

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

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