

File Number:
ff-O-NO

U.S. DEPARTMENT OF LABOR

OFFICE OF WORKERS' COMP PROGRAMS
PO BOX 8300 DISTRICT 11 KCM
LONDON, KY 40742-8300
Phone: (816) 502-0301

March 31, 2010

Date of Injury:
Employee:

Dear Ms. :

You recently underwent Second Medical Opinion Evaluation by Dr. Chris Wilkinson, Orthopedic Surgeon. Dr. Wilkinson has opined that you have right Carpal Tunnel Syndrome and Right Cubital Tunnel Syndrome as a result of your work injury of 4/11/08. Therefore, your claim has been expanded to include the following accepted condition:

Right Carpal Tunnel Syndrome, 354.0
Right Cubital Tunnel Syndrome, 354.2

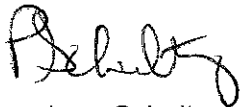
This letter serves as notice that medical authorization is given for:

Right Carpal and Cubital Tunnel Release Surgery.

Following this procedure, please submit a copy of the operative report. Request that your physician indicate what follow up treatment is recommended and state the expected duration of such treatment.

Physicians and other non-hospital medical providers should bill us directly at the above address using form HCFA-1500. Hospitals must use form UB-82 or UB-92. Bills should reflect the correct case number as shown above to avoid delay in processing. For information regarding payments for medical treatment, medical authorizations, or pharmacy bills, call 1-866-335-8319.

Sincerely,



Penelope Schultz
Claims Examiner

UNITED STATES POSTAL SERVICE
CENTRAL PLAINS PERF CLUSTER-OMAHA
INJURY COMPENSATION OFFICE
PO BOX 249507
OMAHA, NE 68124

 PAUL H. FELSER

File Number:
ff-O-NO

ESQ.
POST OFFICE 10267
SAVANNAH, GA 31412

File Number:
HR14-D-H

RECEIVED DEC 28 2009

U.S. DEPARTMENT OF LABOR

OFFICE OF WORKERS' COMP PROGRAMS
PO BOX 8300 DISTRICT 50
LONDON, KY 40742-8300
Phone: (202) 693-0045

DEC 18 2009

Date of Injury:
Employee:

Dear :

This is in reference to your workers' compensation claim. Pursuant to your request for a hearing, the case file was transferred to the Branch of Hearings and Review.

Your case file has been returned to the District Office at:

US DEPARTMENT OF LABOR
OFFICE OF WORKERS' COMP PROGRAMS
PO BOX 8300 DISTRICT 11 KCM
LONDON, KY 40742-8300

If you disagree with the decision attached to this letter, you have the right to submit new evidence to the Office of Workers' Compensation Programs and request reconsideration of the case or, if you have no additional evidence to present to the Office of Workers' Compensation Programs, you may appeal the decision to the Employees' Compensation Appeals Board.

Sincerely,



Sherri L. Doiron
Hearing Representative

UNITED STATES POSTAL SERVICE
CENTRAL PLAINS PERF CLUSTER-OMAHA
INJURY COMPENSATION OFFICE
PO BOX 249507
OMAHA, NE 68124

PAUL H. FELSER, ESQ.
POST OFFICE 10267
SAVANNAH, GA 31412

File Number:
HR14-D-H

RECONSIDERATION: If you have additional evidence, not previously considered, which you believe is pertinent, you may request, in writing, the OWCP reconsider this decision. Such a request must be made within one year of the date of the attached decision, clearly state the grounds upon which reconsideration is being requested, and be accompanied by relevant evidence not previously submitted, such as medical reports or affidavits, or a legal argument not previously made. Your request for reconsideration and the new evidence you are submitting should be sent to the

US DEPARTMENT OF LABOR
OFFICE OF WORKERS' COMP PROGRAMS
PO BOX 8300 DISTRICT 6 JAC
LONDON, KY 40742-8300

In order to ensure that you receive an independent evaluation of the evidence, your case will be reconsidered by persons other than those who made this determination.

APPEALS: If you believe that all available evidence has been submitted, you have the right to appeal to the Employees' Compensation Appeals Board (ECAB) (20 C.F.R. 10.625). The ECAB will review only the evidence received prior to the date of this decision (20 C.F.R. Part 501). Effective November 19, 2008, ECAB has changed its Rules of Procedure on the time limit to appeal and has eliminated its practice of allowing one year to file an appeal. **Request for review by the ECAB must be made within 180 calendar days from the date of this decision.** More information on the new Rules is available at www.dol.gov/ecab.

To expedite the processing of your ECAB appeal, you may include a completed copy of the AB 1 form used by ECAB to docket appeals available on the Department of Labor Web Site at www.dol.gov/ecab. **You must mail your request to:**

**Employees' Compensation Appeals Board
200 Constitution Avenue NW, Room S-5220
Washington, DC 20210**

U.S. DEPARTMENT OF LABOR
Office of Workers' Compensation Programs

DECISION OF THE HEARING REPRESENTATIVE

*In the matter of the claim for compensation under Title 5, U. S. Code 8101 et. seq. of _____, Claimant; Employed by the U.S. Postal Service in Hastings, Nebraska. Case No. _____
Hearing held on October 13, 2009 in Atlanta, Georgia.*

The issue for determination is whether the claimant has sustained a neck condition, numbness of the arms and hands, and headaches that are causally related to her accepted work injury; and whether she is entitled to compensation for wage loss on December 26, 2008, December 27, 2008, January 8, 2009, February 2, 2009, and February 16, 2009, as a result of the accepted work injury.

The claimant, born on _____, is employed as a part-time flexible Letter Carrier by the U.S. Postal Service in Hastings, Nebraska. The claimant timely filed a form CA-1, Notice of Traumatic Injury, claiming that on April 11, 2008, a dog grabbed her left foot, and another dog ran into her right leg and knocked her down. She stated she kicked the dog, and then continued on her route. She stated as she finished her route, her right shoulder and hip were sore. The claimant sought initial medical attention on April 15, 2008, and she was released to modified duty.

The District Office accepted the claim for a right hip contusion and a right rotator cuff tear. The claim was later expanded to include impingement syndrome and adhesive capsulitis of the right shoulder.

The District Office authorized the claimant to undergo right shoulder arthroscopy and rotator cuff repair, which was performed by Scott Franssen, D.O. on May 19, 2008. Dr. Franssen released the claimant to return to modified duty four to five days a week on May 30, 2008. The claimant returned to work modified duty on June 2, 2008.

The District Office authorized Dr. Franssen to perform further right shoulder surgery, which was done on October 2, 2008, and consisted of a manipulation under anesthesia, extensive debridement and synovectomy. The claimant returned to work modified duty on October 7, 2008.

Dr. Franssen released the claimant with permanent work restrictions according to her functional capacity evaluation (FCE) on December 17, 2008. The FCE stated the claimant could work eight hours a day, forty hours a week. The FCE placed the claimant in the heavy duty category, which is 50-100 pounds occasionally; 25-50 pounds frequently; and 10-20 pounds constantly. The FCE stated however that the claimant was in the medium level for overhead activities, which meant lifting 20-50 pounds occasionally, 10-25 pounds frequently, and 10 pounds constantly.

Dr. Franssen provided a statement dated January 16, 2009, stating the claimant was unable to reach with the right upper extremity greater than 90°, and gave the example of casing mail or van door. He stated the brake must be done with the left hand primarily.

Dr. Franssen completed a form CA-17, Duty Status Report, dated January 16, 2009, indicating the claimant could reach above the shoulder one hour a day.

An addendum to the FCE was provided that is dated February 18, 2009. The addendum stated a functional analysis of the job was performed. The addendum stated the claimant was able to push with right arm 20 pounds rarely, and 5 pounds continuously; pull with her right arm 50 pounds rarely, and 15 pounds continuously; waist to chest lift 60 pounds rarely and 15 pounds continuously; carry a satchel weighing 45 pounds rarely, 35 pounds occasionally, 25 pounds frequently, or 15 pounds continuously; and abduct her shoulder to 90° with five pounds continuously.

The District Office authorized the claimant's request to change physicians to Dr. Edward Fehringer on March 13, 2009. The claimant initially sought medical treatment from Dr. Fehringer, on March 25, 2009. He stated he would let her previous surgeon outline her work restrictions.

By decision dated May 7, 2009, the District Office denied expansion of the claim to include the conditions of the neck, hand, arm, or headaches. The decision noted that the claimant's physicians did not diagnose carpal tunnel syndrome, and that

while Dr. Diamant opined that the claimant's neck pain and hand symptoms were sustained from her work injury, neck pain and hand symptoms are not actual diagnoses, and no reasoned opinion was given to relate her neck, hand, or headache pain to her work injury.

The claimant filed forms CA-7, Claim for Compensation, claiming wage loss for disability from work December 26, 2008 and December 27, 2008, and for medical appointments on January 8, 2009, February 2, 2009, and February 16, 2009.

By letters dated June 2, 2009, the District Office advised the claimant that medical evidence was needed to support her compensation claims.

The District Office authorized Dr. Fehringer to perform an open right shoulder release surgery, which was done on June 5, 2009.

By decision dated July 2, 2009, the District Office denied the claim for wage loss from a medical appointment on February 2, 2009, because the treatment was for carpal tunnel syndrome, which was not an accepted condition.

By decisions dated July 14, 2009, the District Office denied the other compensation claims by separate decisions. Compensation for total disability on December 26 and 27, 2008 was denied because Dr. Franssen's December 30, 2008 report didn't address her inability to work. Compensation for total disability on January 8, 2009 was denied because the treatment the claimant received that date was for the non-work related neck, back, and bilateral hand pain. Compensation for time to attend a medical appointment on February 16, 2009 was denied because this was a federal holiday, and there was no evidence she was scheduled to work this day.

The claimant disagreed with the May 7, July 2, and July 14, 2009 decisions, and requested an oral hearing before an OWCP representative. Accordingly, said hearing was held on October 13, 2009 in Atlanta, Georgia. The claimant was not present at the hearing, but she was represented at the hearing by her attorney, Paul Felser.

Mr. Felser stated they felt that additional conditions should be added to the claim for the right shoulder, 727.61, a complete rupture of the rotator cuff, arthrofibrosis, and 718.51, ankylosis. He stated this was provided by Dr. Franssen's note in November 2008 and March 2009.

Mr. Felser stated all the problems she's having with the shoulder injury are causing additional conditions throughout the upper extremity and in some instances mimic difficulties that may come from a neck injury, or radiating pain from a neck injury.

Mr. Felser stated he would be submitting additional information that outlines the claimant's right wrist pathology. He stated Dr. Fehringer didn't include the ICD-9 code for this carlier, because at that time, he did not have a firm diagnosis from Dr. Lauder. He stated the diagnosis that should be added now is 727.05, dorsal compartment tenosynovitis.

Mr. Felser stated Dr. Fehringer felt that her shoulder condition aggravated her right neck symptomology into the parascapular region and right wrist. Mr. Felser contended Dr. Fehringer connected the dots, gave a confirmed diagnosis, and a rationalized explanation for a causal connection.

During the hearing, the claimant was advised through her attorney of the type of evidence necessary to establish her claim.

A copy of the transcript was sent to the employing agency for review and comment. The agency did not offer any comments on the transcript.

The record was held open for thirty days to allow for the submission of additional evidence. Mr. Felser provided a statement dated November 23, 2009. He stated he had submitted the following evidence: reports from Dr. Edward Fehringer dated March 26, July 27, and October 6, 2009; a report from Dr. Anthony Lauder dated September 16, 2009; a report from Dr. Scott Franssen dated April 29, 2008; "medical records from Dr. Christopher Kent, Dr. Troy Wilson, and Dr. Davis Diamant"; a FCE dated December 17, 2008, and the claimant's statement regarding hearing transcript. Nearly all of the medical records Mr. Felser submitted had been previously submitted, and already contained in the case file. The only new medical evidence submitted was a May 6, 2009 statement and a November 13, 2009 full duty work release from Dr. Franssen; and an October 28, 2009 report from Dr. Lauder. Dr. Franssen also provided a note dated November 13, 2009, in which he continued to find the claimant capable of working full time, referencing her FCE.

Mr. Felser reiterated his statements made during the hearing. He stated Dr. Fehringer diagnosed cervical and wrist conditions secondary to the shoulder surgery, and her compensation for the same. He contended that the evidence was sufficient to accept these conditions as work related. Mr. Felser stated the claimant contends that the additional medical conditions caused periods of partial and/or total disability from work.

Mr. Felser stated the evidence, including from the field nurse, showed the claimant continued to miss intermittent time from work due to her continuing injury residuals since her return to modified duty in June 2008.

Mr. Felser provided an additional statement dated December 1, 2009. He noted the claimant first sought treatment from Dr. Troy Wilson in May 2008, which was relevant as Dr. Wilson's examination revealed substantial cervical injuries, which appear to be a direct result of the work injury. Mr. Felser stated the claimant continues to work light duty, although he questioned that definition. He stated the claimant continues to experience significant residuals, and it would appear that compensation for the right upper extremity has forced her to compensate with her left arm to use the hand brake in her Postal vehicle. He contended any additional diagnosis to the left upper extremity must be considered consequential to the work injury.

Mr. Felser submitted a report dated May 22, 2009 from Mark Buchanan, M.D. Dr. Buchanan noted the claimant was a new patient. He noted she had no tenderness of the neck and no radicular symptoms. He stated the claimant had a positive Tinel at the elbow and ulnar nerve. He stated the Tinel's and Phalen's at the wrist was normal. He stated there was decreased sensation of the small and ring finger of the right hand with tenderness over the fourth and sixth dorsal compartments of her wrist. He stated there was no subluxation or instability. He noted there was crepitation of the radiocarpal joint. He stated the imaging studies of the right wrist were normal, except for some mild ulnar minus variance. He diagnosed the claimant with cubital tunnel syndrome and dorsal compartment tendonitis in addition to her shoulder difficulty. He recommended a long forearm splint and electrodiagnostic studies, as well as activity modification.

Mr. Felser submitted reports dated September 16 and October 28, 2009 from Anthony Lauder, M.D. Dr. Lauder noted the claimant's history of injury and treatment in the September 16th report. He stated she was seen for a consultation of the right wrist. He

noted her EMG in the past was negative for cubital tunnel syndrome, and only showed a mild carpal tunnel syndrome. He noted her MRI showed extensor carpi ulnaris split, but that she was not having a problem there. He stated he thought she developed a fourth and fifth dorsal compartmental tenosynovitis. In his October 29th report, he stated the injection of the wrist helped about 85%. He stated she continued with multiple other complaints. He stated she had no significant swelling or tenderness. He stated she had pain over the extensor carpi ulnaris tendon, but her examination was otherwise unchanged. He diagnosed a resolving fourth and fifth dorsal compartment tenosynovitis; right extensor carpi ulnaris tenosynovitis, right carpal tunnel syndrome, and probable right cubital tunnel syndrome. He noted he would try to make her better one thing at a time and recommended a long-arm splint.

Mr. Felser submitted a report dated October 6, 2009 from Dr. Fehringer. Dr. Fehringer stated that Dr. Lauder has now provided a firm diagnosis, dorsal compartment tenosynovitis. Dr. Fehringer opined that since the claimant used her upper extremity in a different fashion as a result of her shoulder stiffness, he felt this contributed to her neck and wrist regions.

The claimant submitted comments to the transcript dated November 6, 2009. She stated on December 26 and 27, she missed work because she was taking too much medicine to drive safely, and she lives 50 miles from work. She stated Dr. Franssen gave her a note excusing her. She stated she did not apply for compensation on February 7, 2009. She stated Dr. Kent stated in his letter dated February 13, 2009 that it was very reasonable that her neck pain and hand symptoms were coming from her injury. She noted Dr. Franssen resolved the physician/patient relationship, and would no longer give input unless subpoenaed, which was why she requested to change physicians to Dr. Fehringer. She stated she has not had wrist surgery. She noted the dates she had treatment for her wrist, including February 2, 2009, and claimed compensation for these dates.

The other records that were submitted, including job offers, emails, nurse reports, and various treatment and progress reports, were already contained in the case file.

Based on hearing testimony, together with the written evidence of record, I find that the decisions of the District Office dated May 7, June 2, and June 14, 2009 should be affirmed in part, and remanded in part. While these decision were correct

at the time, new evidence has been submitted that warrants further development.

As used in the Federal Employees' Compensation Act, the term disability means incapacity because of an injury in employment to earn the wages the employee was receiving at the time of the injury, i.e., a physical impairment resulting in loss of wage-earning capacity is whether the employment-caused impairment prevents the employee from engaging in the kind of work he was doing when he was injured.¹

To establish entitlement to continuation of pay or monetary compensation benefits, an employee must establish through competent medical evidence that disability from work resulted from the employment injury.²

In the present claim, while the claimant contended Dr. Franssen provided her an excuse to be off on December 26 and 27, 2008, I do not find that the medical evidence supports the claimed disability on these dates is causally related to the accepted work injury. Dr. Franssen noted on January 13, 2009 that the claimant needed a note for Friday and Saturday that she missed, as noted in his December 30, 2008 note. In the December 30, 2008 note, Dr. Franssen stated the claimant left early for three hours, and then missed last Saturday. He provided a slip dated December 30, 2008 that indicated the claimant could resume normal activities with restrictions. Dr. Franssen gave no explanation at all as to how the claimant could be disabled from her modified duty on December 26 and 27, 2008 as a result of her work injury. Therefore, without competent medical evidence showing how the claimed disability resulted from the work injury, denial of this claim is warranted.

While compensation was claimed for a functional capacity test on February 16, 2009, this date is a federal holiday, and no evidence has been submitted to substantiate the claimant was scheduled to work that day. Furthermore, there is no medical evidence the claimant had any test or other medical treatment on that date. Therefore, denial of this claim is warranted.

The claimant has the burden of establishing by the weight of the reliable, probative and substantial evidence that the claimed condition was caused or adversely affected by factors of federal employment. As part of this burden, the claimant must present rationalized medical evidence, based on a complete factual and

¹Elmer R. Poland, 39 ECAB 1367 (1988).

²Gerald S. Chase, 44 ECAB (Docket No. 92-1236, issued March 10, 1993).

medical background, showing causal relation between the claimed work factors and the diagnosed medical condition.³

An award of compensation may not be based on surmise, conjecture, speculation or the claimant's belief of causal relationship.⁴ The claimant must present rationalized medical opinion evidence, based on a complete factual and medical background, showing causal relationship.⁵ The mere manifestation of a condition during a period of employment does not raise an inference of causal relationship between the condition and the employment.⁶ Neither the fact that the condition became apparent during a period of employment nor the claimant's belief that the employment caused or aggravated his condition is sufficient to establish causal relationship.⁷

The opinion of a physician supporting causal relationship must be based on a complete factual and medical background, supported by affirmative evidence, address the specific factual and medical evidence of record and provide medical rationale explaining the nature of the relationship between the diagnosed condition and the established incident or factor of employment.⁸

Mr. Felser referenced the May 2, 2008 report from Dr. Troy Wilson, and implied this supported the claimant sustained cervical injuries as a result of her work injury. However, Dr. Wilson only diagnosed cervicgia, which is basically a symptom of pain, rather than an actual diagnosis. Furthermore, Dr. Wilson gave no opinion on whether the cervicgia was causally related to the April 11, 2008 work injury.

After declaring the claimant to be at maximum medical improvement for the right shoulder injury, Dr. Franssen referred the claimant on December 30, 2008 to Christopher Kent, M.D. for her spinal issues.

Dr. Kent stated in his initial report dated January 8, 2009 that the claimant had a relatively normal MRI⁹. He stated the etiology of the hand numbness was unknown, and recommended an EMG. By report dated February 13, 2009, Dr. Kent stated the claimant had very mild carpal tunnel at best. He stated her

³*Arlonia E. Taylor*, 44 ECAB 591 (1993).

⁴*William Nimitz, Jr.*, 30 ECAB 567, 570 (1970).

⁵*Mary J. Briggs*, 37 ECAB 578, 581 (1986).

⁶*Edward E. Olson*, 35 ECAB 1099, 1103 (1984).

⁷*Bruce E. Martin*, 35 ECAB 1090, 1093 (1984).

⁸*Robert Broome*, 55 ECAB (Docket No. 04-93, issued February 23, 2004).

⁹The September 3, 2008 cervical MRI showed mild degenerative changes and neural foramen narrowing at C2-3.

lumbar MRI didn't show any significant injuries other than some degeneration. He stated in terms of her neck, she does not have carpal tunnel, with no significant abnormalities of her cervical spine. He noted the claimant stated her neck pain and hand symptoms have come from the injury she sustained, and he opined that is very reasonable. He did not recommend surgery.

The Board has held that a claimant's own opinion has no evidentiary value in establishing the critical element of causal relationship, as that is something for a physician to explain based on an accurate factual and medical history.¹⁰ Dr. Kent did not explain how the claimant's very mild carpal tunnel syndrome or cervical degenerative changes could be causally related to the accepted work injury, but only agreed with the claimant's own opinion. His opinion therefore lacks probative value.

Dr. Buchanan did not provide a history of injury. He did not provide any opinion regarding the cause of the right extensor carpi ulnaris tenosynovitis, right carpal tunnel syndrome, probable cubital tunnel syndrome, or fourth and fifth dorsal compartment tendonitis he diagnosed. Furthermore, the cubital tunnel diagnosis was not supported by electrodiagnostic studies.

The claimant changed physicians to Dr. Edward Fehringer when Dr. Franssen released her. Dr. Fehringer advised in his initial report dated March 25, 2009 that the claimant's chief complaint was shoulder, arm, and hand pain, but also noted she complained of neck pain. He opined the complaints of neurologic-type symptoms of the right upper extremity were related to the work injury. He stated it was not uncommon for patients with posttraumatic stiffness to have ill-defined neurologic complaints. He stated this was certainly difficult to define anatomically or physiologically.

Dr. Fehringer explained in his May 4, 2009 report that he was not able to completely explain the claimant's wrist or elbow symptoms, but suspected they are related to her decreased range of shoulder motion.

Dr. Fehringer opined in his July 27, 2009 report that with the claimant's post-surgical stiffness, this was directly related to the injuries she sustained at work. He opined that there was also something present with the wrist that was related to her upper extremity symptoms, but noted her MRI scan of that day was

¹⁰R.M., Docket No. 08-2084 (Issued April 7, 2009).

relatively non-specific. However, in his October 6, 2009, he opined the claimant had dorsal compartment tenosynovitis based on Dr. Lauder's report. Dr. Fehringier opined the tenosynovitis was causally related to the claimant's shoulder stiffness.

No medical was submitted from any physician that provided actual diagnoses for any left upper extremity condition. There is no medical opinion from a physician that explains how headaches, cervical degenerative disc disease, right extensor carpi ulnaris tenosynovitis, right carpal tunnel syndrome, or right cubital tunnel syndrome could be causally related to the April 11, 2008 work injury. Therefore, I find denial of the claim for these conditions to be warranted.

However, I find that Dr. Fehringier has presented a *prima facie*¹¹ opinion on causal relationship that which requires further medical development regarding his diagnosis of fourth and fifth dorsal compartment tenosynovitis of the right wrist. Dr. Fehringier opined the claimant's post surgical right shoulder stiffness had contributed to this condition, as a result of holding her shoulder differently. Therefore, I find further development is necessary to determine if this condition is consequently related to the accepted work injury.

While the reports of the appellant's attending physician were not completely rationalized, they were consistent in indicating that appellant sustained an injury or disability due to the employment and were not contradicted by any substantial medical or factual evidence of record. Therefore, while the reports were not entirely sufficient to meet appellant's burden of proof to establish the claim, they raised an uncontroverted inference between the claimed injury or disability and the accepted employment injuries, and were sufficient to require the Office to further develop the evidence.¹²

Upon return of the case file, the District Office expand the claim to include right shoulder arthrofibrosis (718.51), and complete tear of the of the rotator cuff (727.61), as these are the post-operative diagnoses found by Dr. Franssen on May 19, 2008 and October 2, 2008, and he opined these conditions are causally related to the accepted work injury in his November 13,

¹¹A *prima facie* claim is one that on first appearance demonstrates entitlement to compensation and which always requires further development if it is not accepted. *Robert P. Bourgeois*, 45 ECAB (Docket No. 93-1155, issued July 1, 1994).

¹²*Richard E. Konnen*, 47 ECAB (Docket No. 94-1158, issued February 16, 1996).


2008 and March 4, 2009 CA-20 forms (Attending Physician's Report).

The District Office should then prepare a Statement of Accepted Facts (SOAF)¹³, and refer the claimant for a second opinion examination with an appropriate specialist for an opinion, with medical rationale, regarding whether the claimant sustained fourth and fifth dorsal compartment tenosynovitis as a result of her accepted work injury by direct cause, aggravation, precipitation or acceleration. The SOAF should include a description of the claimant's regular and modified federal employment duties. The Office should provide the specialist with the definitions of the types of causal relationship.¹⁴

Following completion of any further development the District Office deems necessary, the District Office should issue a *de novo* decision on the claim for fourth and fifth tenosynovitis of the right wrist and her claims for compensation for treatment of this condition.

Consistent with the above findings, the decisions of the District Office dated May 7, July 2, and July 14, 2009 are AFFIRMED in part, and REMANDED in part, and the case file is returned for further action as described above.

Date: **DEC 18 2009**
Washington, D.C.



Sherri Doiron
Hearing Representative
for
Director, Office of Workers'
Compensation Programs

¹³Part-2-0809 of the FECA Procedure Manual.

¹⁴Part 2-0805-2 of the FECA Procedure Manual.