

File Number:  
Merit Review4-D-REGO.

**RECEIVED JUL 20 2020**

U.S. DEPARTMENT OF LABOR

OWCP/DFEC, PO BOX 34090  
SAN ANTONIO, TX 78265  
Phone: (904) 366-0100

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July 16, 2020

Date of Injury:  
Employee:

Dear

This concerns your compensation case and your request for reconsideration received on

We have evaluated the evidence submitted and have reviewed the merits of your case under 5 U.S.C. 8128. You have provided sufficient evidence to warrant modification of the decision dated  
Based on the information received, the decision is now vacated.

The reasons for this decision are outlined in the enclosed Notice of Decision.

Sincerely,

Todd R.  
Division of Federal Employees' Compensation

PAUL H FELSER  
7393 HODGSON MEMORIAL DRIVE  
SUITE 102  
SAVANNAH, GA 31406

*If you have a disability and are in need of communication assistance (such as alternate formats or sign language interpretation), accommodation(s) and/or modification(s), please contact OWCP.*

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### NOTICE OF DECISION

Claimant Name:  
Case Number:

**ISSUE:** The issue for determination is whether the evidence presented is of sufficient probative value to vacate the decision dated

**REQUIREMENTS FOR ENTITLEMENT:** In accordance with the regulations set forth in 20 CFR § 10.609, if an application for reconsideration is accompanied by new and relevant evidence or by an arguable case for error, OWCP will conduct a merit review of the case to determine whether the prior decision should be modified. If sufficient evidence exists to overturn the prior decision, it should be vacated.

In order for a claim to be accepted under the Federal Employees' Compensation Act (FECA), the claim must meet 5 basic elements. The claim must:

- (1) Be Timely Filed
- (2) Be made by a Federal Civil Employee.
- (3) Establish Fact of Injury, which has both a factual and medical component. Factually, the injury, accident or employment factor alleged must have actually occurred. Medically, a medical condition must be diagnosed in connection with the injury or event.
- (4) Establish Performance of Duty. The injury and/or medical condition must have arisen during the course of employment and within the scope of compensable work factors.
- (5) Establish Causal Relationship, which means the medical evidence establishes that the diagnosed condition is causally related to the injury or event.

**BACKGROUND:** On \_\_\_\_\_ you filed a claim for Traumatic Injury indicating you sustained an injury or medical condition on \_\_\_\_\_ is a result of your employment as a \_\_\_\_\_ with the \_\_\_\_\_. Specifically, you stated that the injury or condition occurred when you got overheated while working lifting scanning and organizing packages.

On \_\_\_\_\_ a formal decision was issued in your case finding that you have not met the fifth basic requirements - Causal Relationship; that your heart condition was due to the accepted work factor(s) that occurred on \_\_\_\_\_. The reason for the decision was because there was no well-rationalized medical evidence to demonstrate how the accepted work factors on \_\_\_\_\_ caused or aggravated your conditions.

You disagreed with the \_\_\_\_\_ decision and requested reconsideration by letter/appeal request form received on \_\_\_\_\_

On \_\_\_\_\_ a formal decision was issued in your case finding the evidence was not sufficient to modify the decision dated \_\_\_\_\_

The documentation upon which the decision was based included the following:

- Direct Deposit Sign-Up Form dated \_\_\_\_\_
- Your statement dated \_\_\_\_\_
- Your appeal request form dated \_\_\_\_\_
- Phone Log (CA-110) dated \_\_\_\_\_

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- Medication Reconciliation Form dated
- Illegible discharge Instruction from Tanner Health Systems dated
- Duty Status Report (CA-17) Form dated and
- Undated Appointment Slip received on
- Attending Physician's Report (CA-20) Form dated
- Undated return to work slip from Tanner Medical Center received on
- Letter from your treating physician (Dr. dated
- Undated appointment confirmation noted from Tanner hearth and Vascular received on

The reason for the decision was you still have not provided medical evidence, which is based upon a complete factual and medical history to show that the one-time work event that occurred on caused or even contributed to your diagnosed heart condition.

You disagreed with the decision and requested reconsideration by letter/appeal request form received on Your employer was notified of your request for reconsideration by letter dated

DISCUSSION OF EVIDENCE: The evidence reviewed in support of your reconsideration request includes:

- Forms CA-17, Duty Status Report, ranging from , signed by Dr. M.D. Cardiologist, all indicting no return to work.
- general lab reports
- and Transthoracic echocardiogram normal findings
- heart catheterization due to acute chest pain, signed by Dr. not felt to be cardiac, follow up with family practitioner.
- Treatment notes from signed by Dr. .
- myocardia profusion test: No significant perfusion abnormalities, negative stress test, normal ECG.
- chest X-ray compared to no acute cardiopulmonary process.
- treatment note for depression, signed by Dr.
- letter from Wellstar, signed by Dr. indicating consequential injury due to heart attack including depression and fibromyalgia.
- Letter from Tanner Health System signed by Dr. provides a history of the claimed work event of picking up, scanning and stacking packages in vehicle on States Ms. suffered heat exhaustion, which lead to heat stroke, which then resulted in a heart attack. He provides a medical explanation as to how heat exhaustion, heat stroke, and heart attack are caused by continually working heat without cooling down, and that he opines that by continuing to do her job in the heat she suffered heat exhaustion, heat stroke, and a heart attack.

No medical treatment notes received after , other than the Forms CA-17, Duty Status Reports, indicating total disability with no explanation as to why or how disability is related to claimed condition, and office directed second opinion (SECOP) reports.

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On [redacted] you were referred for a SECOP evaluation to determine the relationship between your claimed conditions and the factors of your employment. On [redacted] you attended the SECOP appointment with Dr. [redacted] M.D. Cardiologist. At that time an examination was done he noted that the EKG on that date was normal but that while doing a job of running mail from place to place in very hot weather it lead to heat stroke/exhaustion, chest pain, and elevated troponin consistent with a myocardial infarction. He then noted that additional diagnostic testing was requested to answer all the questions posed.

By letter dated [redacted], he indicated that our EKG was normal and additional testing was required for him to provide an opinion on the case. On [redacted] you attended a PET myocardial perfusion study which indicated a negative pharmacological stress test, no electro cardio graphic changes with injection of Lexiscan, normal perfusion scan without evidence of ischemia, normal wall motion, and ejection fraction of 63%at rest and 73% post Lexiscan. [redacted] results of 24 hour Holter monitor were noted as "Total recorded beats were 91,091 beats, out of which only 6 single extra beats noted coming from the top chamber, which are clinically insignificant. No extra beats came from the bottom chamber. No atrial fibrillation noted. No clinically significant fast or slow beats noted. Minimum heart rate was 45, average heart rate was 70, and maximum heart rate was 126. On [redacted] letter with results of stress test noted there were no significant abnormalities noted on your EKG, normal pumping function, and did not indicate any blockage of heart arteries. Letter dated [redacted] indicated no abnormalities noted on echocardiogram. [redacted] sleep study was accomplished noted as normal study and snoring.

By letter dated [redacted], received [redacted], Dr. [redacted] stated "Ms. [redacted] was evaluated at River Region Cardiology in [redacted]. She underwent 24-hour Holter monitor echocardiogram, and a stress test. Her Holter monitor showed rare extra beats, which are considered clinically insignificant. Echocardiogram showed normal LV function. Cardiac PET scan (stress test) is negative for myocardial ischemia or infarction. Based on clinical evaluation, EKG reading, and diagnostic test result findings, it is felt that Ms. [redacted] is stable from the cardiovascular standpoint to return to full-time duty without any restrictions or limitations.

**BASIS FOR DECISION:** In addition to the above documents, I have reviewed the case in its entirety. The issue of causal relationship is one which is supported by medical opinion. The evidence is sufficient to vacate the decision dated [redacted] because after reviewing the medical evidence in its totality, there is prima facie evidence to support that you suffered heat stroke on [redacted] that resulted in a myocardial infarction.<sup>1</sup> The opinion of Dr. [redacted] as noted in his narratives included an opinion that you suffered a heart attack as a result of the accepted work event on [redacted], and check boxes on the CA-20, and CA-17 indicating he supported causal relationship. Later in his [redacted] letter, he explains the medical rational that supports how heat exhaustion progressed into a myocardial infarction while you continued to working in the heat.

The first response from the SECOP further supports that you were diagnosed with a myocardial infarction secondary to heat stroke on [redacted]. Additionally, the [redacted] SECOP letter further states based on clinical evaluation, EKG reading, and diagnostic test result findings, it is felt that Ms. [redacted] is stable from the cardiovascular standpoint to return to full-time duty without any restrictions or limitations

<sup>1</sup> Supported objectively by positive cardiac enzymes Troponin during lab testing.

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CONCLUSION: Therefore, the decision dated \_\_\_\_\_ is vacated.

Your case is now accepted for HEATSTROKE; and NON-ST ELEVATION (NSTEMI)  
MYOCARDIAL INFARCTION. An acceptance decision will be sent under a separate cover.

Todd R.  
Division of Federal Employees' Compensation