

GOVERNMENT OF THE DISTRICT OF COLUMBIA

Department of Employment Services

VINCENT C. GRAY
MAYOR



F. THOMAS LUPARELLO
DIRECTOR

COMPENSATION REVIEW BOARD

CRB 14-120

**ANGELA ASHTON
Claimant-Respondent,**

v.

**DISTRICT OF COLUMBIA DEPARTMENT OF MOTOR VEHICLES,
Employer-Petitioner.**

DEPT. OF EMPLOYMENT
SERVICES
COMPENSATION REVIEW
BOARD
2014 DEC 2 PM 12:39

Appeal from a September 24, 2014 Compensation Order on Remand
by Administrative Law Judge Fred D. Carney, Jr.
AHD PBL No. 13-045, DCP No. 30081122563-001

Corey P. Argust for Employer
Harold Levi for Claimant

Before: LAWRENCE D. TARR, *Chief Administrative Appeals Judge*, HEATHER C. LESLIE and
JEFFREY P. RUSSELL, Administrative Appeals Judges.

Lawrence D. Tarr, for the Compensation Review Board.

DECISION AND REMAND ORDER

The District of Columbia Department of Motor Vehicles (“DCDMV”) has appealed the September 24, 2014 Compensation Order on Remand issued by an Administrative Law Judge (“ALJ”) in the Administrative Hearings Division (“AHD”) of the Office of Hearings and Adjudication. In the COR, the ALJ determined that Ms. Angela Ashton’s (“Claimant”) workers’ compensation benefits were improperly terminated. The ALJ ordered DCDMV to pay Claimant temporary total disability and medical benefits “from date of injury to the present and continuing”.

FACTS OF RECORD AND PROCEDURAL HISTORY

Claimant was employed by Employer as a legal instruments examiner. Her duties primarily involved processing customer transactions, such as vehicle registrations, learners’ and drivers’ permits, title transactions, and residential parking permits. On October 20, 2008 Claimant sustained an accident at work when she was exposed to propane gas. She was transported by

ambulance to Washington Hospital Center and missed time from work as a result of this accident.

The record established that Claimant suffered from several medical conditions that pre-existed the October 20, 2008 accident at work. In 2007, Dr. Jeffrey Wetstone diagnosed Claimant with high blood pressure. In May 2008, Dr. Wetstone diagnosed anxiety and stress disorder.

Two other doctors, Dr. Sita Krishnamoorthy and Dr. Samuel Semegn also treated Claimant for hypertension in 2008, prior to the exposure at work. Dr. Krishnamoorthy opined that Claimant was disabled from working for four days in May 2008 because of hypertension. Dr. Semegn's reports show Claimant had elevated blood pressure readings between June and October 2008. On October 16, 2008, six days before the event at work, he diagnosed hypertension and headaches.¹

Employer's workers' compensation program is administered by the D.C. Public Sector Workers' Compensation Program ("PSWCP"). PSWCP accepted Claimant's claim for what it termed in the Notice of Determination, as the "temporary aggravation of your preexisting hypertension."²

Claimant received benefits until PSWCP notified her on May 13, 2013, that she no longer was eligible for additional benefits. Claimant filed a request for formal hearing with AHD and one was held on September 3, 2013.

The ALJ issued his Compensation Order ("CO") on December 18, 2013. In the CO, the ALJ did not accept Claimant's testimony, finding it internally inconsistent and contradictory. However, the ALJ, relying on the documentary evidence held at page 8-9:

It has been repeatedly held that the workplace aggravation or exacerbation of a pre-existing condition is compensable, even to the extent the pre-existing injury is not work related.

* * *

Thus medical conditions which are the natural progression of a workplace injury may be compensable even if non-employment factors contributed to or aggravated it.

Therefore the weight of the evidence is in favor of Claimant that there has been no change in her work restrictions of medical treatment since October 2008. Dr. Myerson has not examined Claimant and Employer has introduced no evidence that it tried to accommodate Claimant's working restrictions.

¹ After the work exposure, Dr. Wetstone prescribed medication for stress and his notes in 2010 indicate Claimant was diagnosed by a psychiatrist with having a bipolar disorder.

² On January 9, 2009, Employer issued another Notice of Determination using the same claim number for "respiratory complications due to exposure to fumes."

Employer appealed. On May 21, 2014 the CRB issued a Decision and Remand Order (“DRO”) that vacated the ALJ’s award, finding that it was not in accordance with the law. The CRB held

In this case, there has been no claim that the environmental conditions that have prevented Ms. Ashton from returning to work have caused a worsening of her admittedly pre-existing hypertension, and we have seen nothing in the record that any physician has expressed the opinion that her reactions to these environmental factors are anything more than temporary exacerbations which are transient in nature...Ms. Ashton is entitled to such temporary total disability benefits as are the result of these work related exposures which disable her, and for medical care to treat the acute event.

The CRB noted that Employer had not accepted a claim for work-related hypertension but only the “Temporary aggravation of pre-existing hypertension” caused by the inhalation of the noxious fumes in October 2008.” Therefore, the CRB reasoned:

Ms. Ashton is only entitled to benefits if the aggravation continues, and is no longer entitled to compensation once the aggravation has subsided. Employer’s doctor says it does not; Claimant’s doctors do not say the aggravation continues, only the pre-existing hypertension continues. The employer met its burden, but the claimant offers a red herring—her hypertension is not better. She did not prove her claim of an ongoing aggravation by a preponderance of the evidence.

The CRB’s DRO criticized the CO for not making specific findings concerning Claimant’s baseline pre-existing impairments and limitations and those caused by the accepted work injury. Moreover, since the ALJ made internally inconsistent findings and because there was no claim and no NOD concerning any emotional or psychological injury, the CRB held:

[W]e vacate the ALJ’s finding that “Claimant’s emotional condition including her prior stroke were caused by conditions at her work place, failure to adhere to the restrictions on Claimant’s working in elevated heat and highly stressful environment as well as her anxiety and depression.”

Beyond this, the fact that Ms. Ashton has not returned to work for uncontrolled hypertension does not make the ongoing award supportable. Claimant suffered from hypertension before the work event, and she still has it after the work event. The Employer is only responsible for the exacerbation; once Claimant returned to her pre-injury baseline, ongoing uncontrolled hypertension is irrelevant. Furthermore, the limitations and restrictions are not based upon the aggravation but for Ms. Ashton’s pre-existing hypertension. The limitations and restrictions are irrelevant to the workers’ compensation claim because they are not a result of the work exposures. This relationship is bolstered by her doctor’s reiteration that restricted Ms. Ashton regarding stress and heat before she the date of her alleged aggravation.

DRO at 3.

The CRB's May 21, 2014 DRO vacated the award reinstating benefits and remanded this matter to the ALJ with specific instructions regarding what the ALJ should do on remand:

The award is vacated and the matter remanded with instructions to make further findings of fact concerning the duration of Ms. Ashton's disabling exacerbation of her pre-existing hypertension and enter a Compensation Order on Remand awarding only such benefits as are related to the temporary aggravation of Ms. Ashton's hypertension.

On September 24, 2014, the ALJ issued a Compensation Order on Remand ("COR") that again reinstated Claimant's benefits. Employer timely filed for review of the COR, challenging the findings of fact and conclusions of law in the COR, challenging the ALJ's exclusion at the formal hearing of Exhibit 10 (Dr. Myerson's August 27, 2013 AME report) and Exhibit 11 (Dr. Myerson's curriculum vitae) and his decision to limit Dr. Myerson's testimony.

ANALYSIS

In the COR the ALJ held "Employer has produced substantial evidence that Claimant's work related injury *i.e.* aggravation of her pre-existing hypertension, resolved years ago." Claimant has not appealed this determination.

The ALJ noted that Claimant relied on 4 items of evidence:

The Claimant now has the burden of proving by a preponderance of the evidence that she does in fact continue with a disability that she sustained in the performance of her duty to Employer. Claimant relies on her testimony, the claims records for aggravation of her hypertension, the notice from WC, and medical reports of her treating physician at Kaiser."

COR at 7 (citation omitted).

The ALJ rejected Claimant's testimony with respect to 3 of the 4 items; As to Claimant's testimony, the ALJ found Claimant was not a reliable witness because of the many inconsistencies and contradictions between her testimony and the other evidence in the record. In the Discussion section of the COR, other than identifying that Claimant relied on them, the ALJ did not discuss either the "claims records for aggravation of her hypertension" or "the notice from WC" nor did the ALJ state how these documents influenced his decision to award benefits.

With respect to the fourth item, "medical reports of her treating physician at Kaiser", the ALJ considered the medical reports from her doctors at Kaiser Permanente (Drs. Jensvold, Wetstone, and Dukta) as well as the reports from Holy Cross Hospital to conclude:

The weight of the evidence indicates Claimant's blood pressure level has been up and down since her original work injury. However, her work related medical condition has never resolved. The record indicates that Claimant has consistently complained that her Employer has failed to make the necessary accommodations

to bring her work in line with the work restrictions imposed by her treating physician. Eventually she stopped working on advice of her treating physician.

COR at 8.

The ALJ compared this medical evidence to the testimony at the formal hearing from Dr. Myerson. Dr. Myerson testified that Claimant's exposure at work would not cause an exacerbation of her pre-existing hypertension. The ALJ gave greater evidentiary weight to Claimant's treating doctors:

In *KRALICK v. DOES*, 842 A. 2d 705, 712-713 [D.C. 2004], the Court upheld the applicability of the treating physician preference to disability benefit cases. In this matter I see no reason to reject the report of Claimant's treating physician.

COR at 9.

We find the ALJ's reliance on the *Kralick* decision which was immediately followed by his accepting Claimant's treating physician's opinion, shows the ALJ relied on the treating physician preference. In doing so, the ALJ committed reversible error because in a decision issued before the COR, the DCCA held:

The legislative history manifests a clear and unmistakable intent on the part of Council to accord equal weight to the testimonies of both treating and non-treating physicians in public-sector cases brought under the (District of Columbia Comprehensive Merit Personnel Act).

D.C. Public Schools v. DOES and Proctor, Intervenor, 95 A.3d 1284 (D.C. 2014).

Additionally, the CRB further finds the ALJ erred by not permitting Employer to admit into evidence Exhibits 10 and 11.

At the hearing, Employer attempted to introduce 11 exhibits. Exhibit 10 was an August 27, 2013 AME medical report from Dr. Ross Myerson in which he reviewed Claimant's medical records and answered twelve questions concerning her treatment and condition. Exhibit 11 was a copy of Dr. Myerson's curriculum vitae. Dr. Myerson also attended the formal hearing as a potential witness for Employer.

Claimant objected to Exhibit 10 and Exhibit 11 because Dr. Myerson did not examine Claimant but only reviewed her medical records. Claimant objected to Dr. Myerson testifying at the hearing because Employer had not advised Claimant that Dr. Myerson would be a witness at the hearing.

The ALJ granted Claimant's objections to the documentary evidence and the testimony. The ALJ explained his rulings:

Just so everybody knows why I think that it is relevant [sic] because it's a doctor's assessment of this lady's condition and how—its etiology, but that doctor

never examined Claimant, the Claimant through either fault of her own or no fault of her own did not know that he would be here today. And therefore she is prejudiced and I think that prejudice outweighs its probative value.

HT at 40.

Although the ALJ did not permit Employer to call Dr. Myerson during its case in chief, the ALJ later changed his ruling with respect to Dr. Myerson's testimony and permitted him to testify, albeit limited, as a rebuttal witness.

We first note that although the ALJ announced at the hearing that he would not let Employer introduce Exhibit 10, the ALJ's September 24, 2014 COR inconsistently says "Employer Exhibit (hereinafter, EE) Nos. 1-11, described in the Hearings [sic] Transcript (hereinafter HT), were admitted into evidence." Moreover, despite ruling that it was inadmissible, the ALJ relied on Exhibit 10 in his decision. COR at 7.

The ALJ's stated reason for not admitting the exhibits was that Dr. Myerson did not examine Claimant. While the fact that a doctor did not examine a claimant is a valid reason for not giving that doctor's opinion full evidentiary weight, it is not a legitimate reason for excluding that doctor's medical report. Therefore, on remand the ALJ shall consider the excluded exhibits.

With respect to limiting Dr. Myerson's testimony, since Dr. Myerson's written opinion and curriculum vitae must be considered by the ALJ, we will not disturb the ALJ's ruling with respect to Dr. Myerson's testimony.

In addition to making all findings of fact and conclusions of law that the ALJ deems necessary on remand, in the furtherance of judicial economy, we should point out several other matters in the COR that the ALJ needs to explain, clarify, or correct in the event he relies on them in the next COR.

The ALJ should explain his apparent reliance on the procedural history of the Claimant's previous claim for another accident that the ALJ denied (AHD No. PBL 10-065), and he should explain his decision not to identify the early procedural history of this claim and then, without any clarification, referring to a "second Decision and Remand Order" in the present claim. There was no first Decision and Remand Order in this case and the ALJ's recitation makes it seem that the ALJ's September 24, 2014 COR resulted from the CRB's decision in Claimant's other case.

In the COR at page 7-8, the ALJ, without referring to any exhibit, stated that Dr. Jensvold and Dr. Wetstone unequivocally opined that Employers' "failure to provide Claimant adequate accommodations lead [sic] to her uncontrollable hypertension, and her other listed disabling conditions, included [sic] headaches, and stroke."

The ALJ's failure to identify the exhibit or exhibits is more than an insignificant oversight. As Employer points out, several of Dr. Wetstone's reports (EE 6, CE4) were less definitive in connecting Claimant's problems with the restrictions since that doctor stated the failure to

comply with the restrictions “could cause somatic symptoms... and could cause an increase in blood pressure...” On remand, the ALJ should identify in which exhibit or exhibits the unequivocal opinions of these doctors appear.

The ALJ should explain the relevance of including any reference to Claimant’s headaches and stroke since neither of those conditions was accepted by Employer.

The ALJ should clarify the apparent inconsistency between his stating that “Prior to the March 18, 2010 episode I find Claimant’s hypertension was managed by medication” and his awarding benefits for the aggravation of Claimant’s hypertension from the date of accident, October 20, 2008.

The ALJ should identify which medical reports or evidence supports his finding of fact that Claimant’s hypertension was controlled before the October 20, 2008 accident at work, since none are identified in the COR.

In light of his finding that the aggravation of Claimant’s hypertension resolved “years ago” (COR at 9), the ALJ should identify which medical reports or evidence supports his awarding continuing temporary total disability benefits for the aggravation of her hypertension.

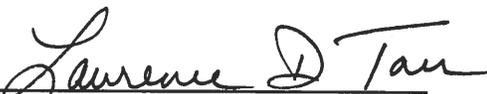
The ALJ should explain his awarding continuing temporary total disability benefits from October 20, 2008, since he found that Claimant continued to perform her regular work “sporadically” from October 2008 until March 2010 and received benefits until May 13, 2013.

CONCLUSION

The ALJ’s September 24, 2014, Compensation Order on Remand is VACATED because it is not supported by substantial evidence or in accordance with the law.

This matter is REMANDED to the ALJ for a new decision consistent with this Decision and Remand Order.

FOR THE COMPENSATION REVIEW BOARD:



LAWRENCE D. TARR
Chief Administrative Appeals Judge

December 2, 2014
DATE