

GOVERNMENT OF THE DISTRICT OF COLUMBIA

Department of Employment Services

VINCENT C. GRAY
MAYOR



LISA MARÍA MALLORY
DIRECTOR

COMPENSATION REVIEW BOARD

CRB No. 13-033

**LAMIA WEBSTER-CHAPMAN,
Claimant-Petitioner,**

v.

**EAST OF RIVER CLERGY POLICE COMMUNITY PARTNERSHIP and
HARTFORD INSURANCE COMPANY,
Employer/Insurer-Respondent.**

Appeal from a February 21, 2013 Compensation Order By
Administrative Law Judge Joan E. Knight
AHD No. 12-139A, OWC No. 672927

Michael J. Kitzman, Esquire for Petitioner
Chad A. Michael, Esquire for Respondent

Before MELISSA LIN JONES, HENRY W. MCCOY, and HEATHER C. LESLIE, *Administrative Appeals Judges*.

MELISSA LIN JONES for the Compensation Review Board.

DECISION AND ORDER

FACTS OF RECORD AND PROCEDURAL HISTORY

On March 24, 2010, Ms. Lamia Webster-Chapman was working as a workforce development specialist for East of River Clergy Police Community Partnership (“Partnership”) when the car she was driving was rear-ended by another vehicle. Ms. Webster-Chapman injured her neck, her back, and a shoulder and underwent orthopedic treatment. Ms. Webster-Chapman alleged she also sustained post-traumatic stress disorder and a heart condition as a result of the distress of her physical injuries.

The parties proceeded to a formal hearing to determine Ms. Webster-Chapman’s entitlement to medical treatment for her psychiatric and cardiac conditions. At issue was (1) the medical causal relationship between the motor vehicle accident and Ms. Webster-Chapman’s post-traumatic

stress disorder and (2) the medical causal relationship between the motor vehicle accident and Ms. Webster-Chapman's current heart condition.

In a Compensation Order dated February 21, 2013, an administrative law judge ("ALJ") ruled Ms. Webster-Chapman's psychological injury is causally related to her work-related car accident but Ms. Webster-Chapman's cardiac condition is not related to that accident.¹ Ms. Webster-Chapman has appealed the ruling that her current cardiac condition is not related to her work-related car accident.

On appeal, Ms. Webster-Chapman asserts she presented evidence sufficient to invoke the presumption of compensability regarding her heart condition, namely her testimony that she experienced increased stress and anxiety following the motor vehicle accident. In addition, she asserts the medical records demonstrate that her cardiac event was stress-induced and that her stress is related to the accident; therefore, she has proven an event with the potential of resulting in or contributing to her cardiac condition.

Continuing, Ms. Webster-Chapman asserts that because she did present evidence sufficient to invoke the presumption of compensability, the Partnership did not present sufficient evidence "to establish that the injury was not medically causally related to the accident."² Specifically, even though Ms. Webster-Chapman has not appealed the ALJ's ruling that her post-traumatic stress disorder is compensable, Ms. Webster-Chapman argues Dr. Jonathan D. Dubin's opinion is not sufficient to rebut the presumption of compensability "as it fails to address the nature of the claimant's diagnosed psychiatric condition."³ Ms. Webster-Chapman also argues Dr. Dubin did not address whether the car accident could have increased the ongoing stress which ultimately led to the cardiac event.

While Ms. Webster-Chapman requests the Compensation Review Board ("CRB") reverse the ruling that her current cardiac condition is not causally related to her compensable car accident, the Partnership requests the CRB affirm the entire Compensation Order. The Partnership finds no fault with the ALJ's ruling that Ms. Webster-Chapman did not provide sufficient evidence to invoke the presumption of compensability because Ms. Webster-Chapman presented no medical opinion relating her cardiac condition to her work-related accident; to the contrary, Ms. Webster-Chapman's treating cardiologist (Dr. Gregory Fisher) opined Ms. Webster-Chapman's cardiac condition is not causally related to her employment or her car accident. Even if Ms. Webster-Chapman did provide sufficient evidence to invoke the presumption, the Partnership contends the opinion of Dr. Dubin sufficed to rebut that presumption and to outweigh the other evidence in the record on this issue.

¹ *Webster-Chapman v. East of River Clergy Police Community Partnership*, AHD No. 12-139A, OWC No. 672927 (February 21, 2013).

² Memorandum of Points and Authorities in Support of Application for Review, unnumbered p. 5.

³ *Id.*

ISSUES ON APPEAL

1. Did the ALJ properly apply the presumption of compensability to Ms. Webster-Chapman's current cardiac condition?
2. Is the February 21, 2013 Compensation Order's conclusion that Ms. Webster-Chapman's current cardiac condition is not compensable supported by substantial evidence and in accordance with the law?

ANALYSIS⁴

There is no dispute that Ms. Webster-Chapman was involved in a work-related car accident on March 24, 2010. The focus of the dispute in this appeal is whether Ms. Webster-Chapman's current cardiac condition is causally related to that compensable car accident.

Pursuant to §32-1521(1) of the Act, a claimant may be entitled to a presumption of compensability ("Presumption").⁵ In order to benefit from the Presumption, the claimant initially must show some evidence of a disability and the existence of a work-related event, activity, or requirement which has the potential to cause or to contribute to the disability.⁶ "[O]nce an employee offers evidence demonstrating that an injury was potentially caused or aggravated by work-related activity, a presumption arises that the injury is work-related and therefore compensable under the Act."⁷

Ms. Webster-Chapman has a significant prior history of cardiac problems:

Claimant has a history of hypertrophic cardiomyopathy, congestive heart failure, pulmonary edema and pulmonary disease dating back to 2006. Claimant also has a history of stress related conditions associated with a prior job loss in 2008 and extended period of unemployment, caring for her sick mother with whom she lived since 2009, marriage problems and being in an abusive relationship, for

⁴ The scope of review by the CRB is limited to making a determination as to whether the factual findings of the appealed Compensation Order are based upon substantial evidence in the record and whether the legal conclusions drawn from those facts are in accordance with applicable law. Section 32-1521.01(d)(2)(A) of the District of Columbia Workers' Compensation Act, as amended, D.C. Code §32-1501 to 32-1545 ("Act"). Consistent with this standard of review, the CRB is constrained to uphold a Compensation Order that is supported by substantial evidence, even if there also is contained within the record under review substantial evidence to support a contrary conclusion and even if the CRB might have reached a contrary conclusion. *Marriott International v. DOES*, 834 A.2d 882, 885 (D.C. 2003).

⁵ Section 32-1521(1) of the Act states, "In any proceeding for the enforcement of a claim for compensation under this chapter it shall be presumed, in the absence of evidence to the contrary: (1) That the claim comes within the provisions of this chapter."

⁶ *Ferreira v. DOES*, 531 A.2d 651 (D.C. 1987).

⁷ *Washington Hospital Center v. DOES*, 744 A.2d 992, 996 (D.C. 2000).

which she was under medical care and prescribed anti-depressants. HT pp. 26 -- 31, 41-42, 54, 59; EE 1.^[8]

In part because Ms. Webster-Chapman has a history of cardiac problems, the ALJ afforded Dr. Fisher the treating physician preference; however, Dr. Fisher did not relate Ms. Webster-Chapman's current heart condition to any compensable accident or activity or requirement of employment:

In a medical report issued by Dr. Fisher on August 19, 2010, he noted Claimant's hypertrophic cardiomyopathy history and indicated she became unable to work due to the condition on July 13, 2010 and that it was not directly caused by her most recent employment. CE 3; HT 32-35.

* * *

Claimant claims her current cardiomyopathy stems from the stress associated with the affects of her March 2010 work accident. Claimant relies upon medical records and cardiology reports from Dr. Fisher. Herein, as previously ascribed, Claimant has a pre-existing heart condition and medical history of hypertension, arrhythmia, anemia, obesity and sleep apnea. Her extensive medical records presented, clearly established Claimant had been treated by Dr. Fisher since the 2010 work injury. The cardiologist is potentially in a better light to understand fully Claimant's medical condition. This is especially true since Dr. Fisher has treated Claimant since 2006 for her pre-existing heart disease.

The record reflects Claimant has a history of cardiovascular and pulmonary disease and syncopal [episodes] (loss of consciousness). As stated in the facts above, Claimant experienced another syncopal episode on July 10, 2010. The record reflects that the Claimant was hospitalized after a fainting episode and underwent a series of echocardiograms, ventilation studies, a CT scan and eventually a defibrillator placement while under the care of Dr. Fisher and attending neurologists. Medical records also revealed, that after the work accident in July 2010, Claimant was diagnosed with takotsubo cardiomyopathy or stress induced heart arrhythmia producing a pulmonary edema and cardiac dysfunction. The record reflects, Claimant had a pacemaker implanted, underwent several EKG's cardiovascular assessments, however, there is no medical opinion to relate her heart condition or takotsubo cardiomyopathy syndrome to her work injury or exacerbated from the stress of her work injury. Furthermore, [o]n July 13, 2010, Dr. Fisher placed Claimant in an off work status, due to her "hypertrophic cardiomyopathy". Dr. Fisher he [*sic*] indicated the condition was not caused by her most recent employment and gave no explanation in a report dated August 19, 2010. CE 3.

⁸ *Webster-Chapman, supra*, p. 3.

The medical records relied upon by Claimant are void of detailed notes of the etiology of her most recent diagnosed condition or any contemporaneous notations. Most notable is the absence in Dr. Fisher's medical notes is a reference at all related to the Claimant's March 2010 occupational injury. The medical treatment notes are vague; unsupported by medical rationale and lack the necessary detail, specificity and explanation for to [sic] reach a conclusion her heart condition is causally related to her work injury. There is nothing specific in the treatment records to substantiate or support Claimant's claim. Applying the standard set out in *Stewart and Mexicano supra*, Dr. Fisher's medical opinion is hereby inconclusive and hereby rejected on the issue of causation.^[9]

Furthermore, the ALJ considered Ms. Webster-Chapman's testimony but did not find it sufficient to invoke the Presumption:

After the work accident, Claimant reported experiencing flashbacks, sadness, anger and frustration with her injuries and anxiety when driving. Claimant also testified after her work accident, she had heart palpitations associated with episodes of light-headedness, dizziness and passing out.^[10]

Other than chronology, there is nothing inherent in Ms. Webster-Chapman's car accident that links it to her current cardiac condition, and although an aggravation of a pre-existing condition is compensable under the Act,¹¹ an employer is not a guarantor of a claimant's health and is only responsible for work-related injuries and disabilities.¹² In this case, the ALJ's ruling that Ms. Webster-Chapman did not present sufficient evidence to invoke the Presumption is supported by substantial evidence and is in accordance with the law because without a medical opinion establishing a causal relationship, a car accident in-and-of-itself is not an event, activity, or requirement that has the potential to cause or to contribute to this disability. Nonetheless, the ALJ went on to consider the evidence as if the Presumption had been invoked.

Once the Presumption is invoked, it is the employer's burden to come forth with substantial evidence "specific and comprehensive enough to sever the potential connection between a particular injury and a job-related event,"¹³ not evidence "that the injury was not medically causally related to the accident"¹⁴ as asserted by Ms. Webster-Chapman. Only upon a successful showing by the employer does the burden return to the claimant to prove by a preponderance of

⁹ *Id.* at pp. 3, 8.

¹⁰ *Id.* at p. 3.

¹¹ *Jackson v. DOES*, 955 A.2d 728 (D.C. 2008).

¹² See *Swinson v. Gal Tex Hotel Corporation*, CRB No. 10-010, AHD No. 07-091B, OWC No. 628287, (March 10, 2011).

¹³ *Waugh v. DOES*, 786 A.2d 595, 600 (D.C. 2001) (citations omitted).

¹⁴ Memorandum of Points and Authorities in Support of Application for Review, unnumbered p. 5.

the evidence, without the benefit of the Presumption, the current symptoms to be treated arose out of and in the course of employment.¹⁵

Not only did Dr. Dubin's opinion suffice to rebut the Presumption, when considering the totality of the evidence, the weight of it sufficed to deny Ms. Webster-Chapman's claim for relief regarding her cardiac condition:

Had the Claimant met the statutory presumption, Employer proffered the opinion from IME cardiologist, Dr. Durbin. [*sic*] The record reflects Dr. Durbin [*sic*] reviewed Claimant's cardiology records, outpatient history and performed a physical examination and an EKG. Dr. Durbin [*sic*] evaluated the Claimant on April 10, 2012 and concurred with the diagnoses of hypertension, hypertrophic cardiomyopathy, takotsubo syndrome and sleep apnea. Dr. Durbin [*sic*] opined Claimant's hypertension is caused by her underlying genetics, diet, sleep apnea and being overweight and not caused by her work accident. He wrote:

With regard to her heart disease, she has been diagnosed with hypertrophic cardiomyopathy and ventricular arrhythmias. She underwent defibrillator placement. She was also diagnosed with takotsubo cardiomyopathy. Hypertrophic cardiomyopathy is a genetic, inherited disease and therefore could not have been caused by her work or motor vehicle accident. Takotsubo cardiomyopathy is a poorly understood cause of heart failure that is usually associated with a stressful episode (it is also known as broken heart syndrome). Mrs. Webster's motor vehicle accident occurred 4 months before she was diagnosed with takotsubo cardiomyopathy. In my opinion, her takotsubo cardiomyopathy was not caused by her motor vehicle accident. EE 2.

Dr. Durbin's [*sic*] independent medical opinion is more persuasive, comprehensive and indicates reasons for his medical conclusion that the cardiomyopathy is not related to her work injury, which outweighs the medical opinion of the treating physician, Dr. Fisher, in this case.^[16]

There is no basis for disturbing the ALJ's rulings by reweighing the evidence in Ms. Webster-Chapman's favor.

¹⁵ See *Washington Hospital Center v. DOES*, 821 A.2d 898 (D.C. 2003).

¹⁶ *Webster-Chapman, supra*, pp. 8-9.

CONCLUSION AND ORDER

The ALJ properly applied the presumption of compensability to Ms. Webster-Chapman's current cardiac condition, and the February 21, 2013 Compensation Order supported by substantial evidence and is in accordance with the law. The Compensation Order is AFFIRMED.

FOR THE COMPENSATION REVIEW BOARD:

MELISSA LIN JONES
Administrative Appeals Judge

October 24, 2013

DATE