
In the Matter of the Compensation of
RACHEL L. MELVIN, Claimant
WCB Case No. 14-05586
ORDER ON RECONSIDERATION
Dylan Hydes PC, Claimant Attorneys
SAIF Legal Salem, Defense Attorneys

Reviewing Panel: Members Weddell and Curey.

Claimant requests reconsideration of our July 11, 2016 Order on Review that affirmed the Administrative Law Judge's (ALJ's) order that upheld the SAIF Corporation's denial of claimant's new/omitted medical condition claim for complex regional pain syndrome (CRPS). Contesting our analysis of the medical opinions, claimant seeks reconsideration and reversal of the ALJ's order. For the following reasons, we adhere to our previous decision.

On reconsideration, claimant challenges our reasoning that discounted the opinion of Dr. Sdrulla. Specifically, she objects to our conclusion that Dr. Sdrulla's opinion is conclusory, alleging that his opinion was carefully explained in his concurrence reports. (Exs. 56, 64).¹ She further asserts that we did not consider Dr. Young's concurrence report, (Ex. 62), and that Drs. Davis's and Sdrulla's explanation as to why saphenous nerve/vein damage is improbable is un rebutted.

Having considered this matter further, and having once more reviewed the relevant medical opinions, we adhere to our prior conclusion that the medical opinions supporting compensability are not sufficiently persuasive to satisfy claimant's burden of proof. That is, we continue to find those medical opinions unpersuasive for the reasons cited in our original order. In addition, we offer the following comments.

Claimant asserts that she relies heavily on Dr. Sdrulla's concurrence reports to establish that her CRPS condition exists. (Exs. 56, 64). Yet, having reviewed those reports again, we not only continue to find Dr. Sdrulla's opinion conclusory, particularly in light of Dr. Bell's more detailed and well-explained opinion, we also find it is based on an incomplete record. Dr. Sdrulla examined claimant only once, 18 months after her June 5, 2013 work-related MVA. (Ex. 55). Dr. Sdrulla's

¹ Claimant refers to Exhibits 56 and 65. However, Exhibit 65 is Dr. Davis's concurrence.

“visit summary” references only claimant’s vitals, without any further examination findings or observations, and no history is recounted. (*Id.*) Dr. Sdrulla’s concurrence reports do not provide any additional specific information about claimant, her examination findings, or her history. Although Dr. Sdrulla listed the criteria for CRPS that claimant allegedly matched, he did so without reference to any medical records or clinical findings. Thus, we continue to find Dr. Sdrulla’s opinion unpersuasive.

Claimant points out that our order did not discuss or consider Dr. Young’s concurrence report. (Ex. 62). In that report, based on his electromyogram and nerve conduction studies on claimant’s left lower leg, Dr. Young concluded that she did not have an injury to the saphenous nerve. (Ex. 62-1).² However, as we explained in our order, Dr. Bell persuasively explained why these tests/results had not ruled out an injury to the saphenous nerve or vein, which specifically rebutted Dr. Young’s contrary conclusion. Moreover, and more importantly, because Dr. Young did not provide an opinion on whether claimant had CRPS (only that claimant did not have a saphenous nerve injury), his opinion does not specifically address whether the claimed condition exists.

In our prior order, we explained in detail why we found Dr. Davis’s opinion unpersuasive. Specifically, he relied on a one time examination finding of “clammy and sweaty,” which had not been documented in his prior chart notes, and he had not specifically tested for temperature changes or range of motion. We concluded that Dr. Davis had not persuasively rebutted Dr. Bell’s opinion that claimant’s ongoing pain symptoms could be explained by an injury to the saphenous nerve or vein. Thus, we found that Dr. Davis’s opinion lacked adequate explanation.

Finally, we also previously explained why we found the opinions of Drs. Bell, Dewing, Lorber, and Tilson persuasive in establishing that claimant did not have CRPS. Specifically, we found Dr. Bell’s opinion that claimant’s pain and symptoms can be explained by an injury to the saphenous nerve or vein to be fully explained and well reasoned. (Ex. 57-12). Drs. Dewing and Lorber agreed with Dr. Bell’s findings and conclusions. (Exs. 58, 59). Dr. Tilson also concluded that claimant’s left ankle condition did not reveal any “unequivocal” evidence of CRPS. (Ex. 48-10).

² Yet, we note that, in his initial report, Dr. Young concluded that claimant had “Mild-moderate dysfunction of sensory nerve fibers at distal of left saphenous nerve, most likely related to persistent swelling and edema of surround[ing] soft tissues.” (Ex. 61-5).

In conclusion, for the reasons expressed in our prior decision, and as supplemented herein, we continue to find that the medical evidence does not persuasively establish the existence or compensability of the claimed CRPS condition. Consequently, we adhere to our affirmance of the ALJ's decision to uphold SAIF's denial of claimant's new/omitted medical condition claim.

Accordingly, we withdraw our July 11, 2016 order. On reconsideration, as supplemented herein, we republish our July 11, 2016 order. The parties' rights of appeal shall begin to run from the date of this order.

IT IS SO ORDERED.

Entered at Salem, Oregon on July 20, 2016