

**COMMONWEALTH OF MASSACHUSETTS
DIVISION OF ADMINISTRATIVE LAW APPEALS**

Middlesex, ss.

Bonnie Purtell,
Petitioner,

Docket No.: CR-25-0275

v.

Lowell Retirement Board,
Respondent.

Appearances:

For Petitioner: David Maille, Esq.

For Respondent: Christopher J. Collins, Esq.

Administrative Magistrate:

Karen T. Guthrie

SUMMARY OF DECISION

Petitioner had a pre-existing shoulder condition but was able to perform her job duties as a cafeteria worker. She then had a workplace accident which caused injuries, and aggravated her pre-existing shoulder condition to the point of disability. Therefore, she is entitled to accidental disability retirement benefits.

DECISION

Petitioner, Bonnie Purtell, timely appealed the decision of Respondent, Lowell Retirement Board ("Board"), denying her application for accidental disability benefits.

I conducted an in-person evidentiary hearing on May 12, 2026 at the Division of Administrative Law Appeals in Malden, MA. I admitted Exhibits 1-17 into evidence from the parties' Joint Prehearing Memorandum. Ms. Purtell was the only testifying witness. The parties submitted closing memoranda on July 31, 2026, at which time the record closed.

Findings of Fact

Based on the evidence presented by the parties, I make the following findings of fact:

1. Bonnie Purtell was employed as a cafeteria worker for the Lowell Public Schools beginning in October 2003. (Exhibit 3.)
2. She worked part-time until 2012 when she began working full-time, with summers off. (Testimony.)
3. She performed a variety of standardized tasks in handling, preparing, and serving food. She prepared vegetables and meats to be cooked. She prepared bread, desserts, sandwiches, salads, and beverages. She operated and cleaned electric kitchen equipment, served food at the serving table, and assisted in cleaning kitchen and serving areas. (Exhibit 6.)
4. She often was required to do heavy lifting (up to 50 pounds) to retrieve meat, vegetables, and milk from where they were stored. (Id.)
5. In her most recent role as cafeteria manager, Ms. Purtell did most of the cooking. She made breakfast and lunch for 350 to 400 students per day. This work involved a lot of heavy lifting throughout the day, like putting heavy food orders away, putting heavy milk crates in coolers, and lifting heavy pans of food. (Testimony; Exhibit 3.)
6. She also cleaned the kitchen and disposed of the trash. (Exhibit 3.)

Medical History

7. Ms. Purtell has a medical history of right shoulder impingement syndrome and adhesive capsulitis dating back to 2019.¹

¹ Impingement syndrome is a condition in which “[t]he rotator cuff muscles and tendons can become irritated from repeated rubbing against the shoulder bone.” (Ex. 16). “[In most cases [shoulder impingement syndrome] occurs because of repeated overhead movements.” (Id.) “Adhesive capsulitis or frozen shoulder refers to significant decreased range of motion of the shoulder.” (Ex. 14.)

8. On April 13, 2020, Dr. Christine Stoica examined Ms. Purtell for left shoulder pain and noted the history of right and left shoulder issues. She noted that a previous x-ray of the left shoulder had shown bursitis and arthritis. (Exhibit 16.)²
9. Ms. Purtell had reported positive results from previous physical therapy of her left shoulder. (Exhibit 16.)
10. Despite her shoulder issues, she had been able to work each day as a cafeteria worker. (Testimony; Exhibit 16.)

September 22, 2022 Injuries

11. On September 22, 2022, Ms. Purtell was pushing a cart full of trash to the dumpster in the school parking lot, when the cart hit a crack in the pavement, causing her to fall forward with outstretched arms and to hit her arms and right knee on the ground. (Testimony; Exhibits 3, 6.)
12. She sustained cuts on her knee, and she felt pain in her left pinky finger. (Testimony.)
13. That day, Ms. Purtell went to the school nurse, who taped her finger. Not realizing her finger was broken, she stayed at work and tried to use only her other hand. (Testimony.)

² Bursitis is a condition referring to swelling or inflammation of the bursa, an anatomical structure found in many joints, whose “function is to facilitate movement in the musculoskeletal system, creating a cushion between tissues that move against one another.” Bursitis is typically a degenerative condition, commonly caused by repetitive motions. “The second most common cause of bursitis is trauma when direct pressure is applied to the bursa. Often the patient will not be able to recall the inciting incident as it may have seemed benign at the time”. Arthritis is a condition referring to swelling or inflammation in a joint, generally, and “the major contributory factors [for osteoarthritis] include advancing age, female sex, joint trauma, and obesity.... Osteoarthritis is characterized by a degenerative cascade of progressive cartilage loss which leads to bone damage.” (Ex. 16.)

14. The next day she reported the injury to the school and filled out an incident report.

(Exhibit 15.)

Medical Treatment

15. Ms. Purtell went to an urgent care facility the next day, September 23, 2022, due to pain in her left hand, forearm, pinky, and right wrist, which she attributed to the work-related fall. She stated that she broke her fall with her hands. A physical examination revealed full left shoulder range of motion, and x-rays showed a left pinky finger fracture, for which she received a splint. (Exhibit 16.)

16. Ms. Purtell was advised to follow up with an orthopedist. On October 6, 2022 she went to Kevin Tomany, M.D., an orthopedist, who examined her right wrist and left pinky finger. (Id.)

17. Dr. Tomany advised weaning from the left finger splinter and brace, as well as continued range-of-motion exercises and treatment with ice and non-steroidal anti-inflammatory drugs (NSAIDs). (Id.)

18. On October 20, 2022, Ms. Purtell had a further examination by Dr. Tomany which included radiographs of the left hand. The results showed some mild residual edema. (Id.)

19. She was seen on November 10, 2022, and Dr. Tomany noted mild edema in the left finger and some pain. He recommended formal hand therapy to help regain motion. (Id.)

20. On November 30, 2022, Dr. Tomany noted healing of the fracture, with some arthritis at the finger joint. (Id.)

21. On December 28, 2022, Dr. Tomany noted the course of hand therapy and prescribed pain medication. (Id.)
22. On January 3, 2023, Dr. Tomany noted significant improvement and indicated Ms. Purtell might be able to return to work soon. She was to continue with the splinting and hand therapy. (Id.)
23. However, in approximately February 2023, Ms. Purtell developed a lump on the top of her left hand, which was painful. Also, she now felt pain in her left shoulder when she tried to lift her left arm. (Testimony.)
24. Ms. Purtell followed up with Dr. Tomany in March 2023. She complained of pain in her left shoulder. She also complained of left wrist pain and swelling, which was noted during her formal hand therapy. She had left wrist stiffness. She was diagnosed with left wrist synovitis, an inflammation in the wrist, which Dr. Tomany indicated could be secondary to her activity modification. (Ex. 16.)
25. With the onset of left wrist swelling, Ms. Purtell had increased left shoulder pain, especially if she was doing some lifting or grocery shopping. (Testimony.)
26. On April 3, 2023 she was seen by Dr. Tomany, noting complaints of left lateral shoulder pain, which was worse with overhead lifting. He noted the current left shoulder pain likely was related to her limiting the use of her left upper arm; therefore, he recommended physical therapy. He diagnosed left shoulder adhesive capsulitis in the setting of left wrist synovitis and finger joint stiffness post fracture. (Id.)

Workers' Compensation Evaluation

27. On April 27, 2023, Ms. Purtell was evaluated by Jennifer Green, M.D. on behalf of the City of Lowell regarding her workers' compensation claim. (Exhibit 16.)

28. Dr. Green noted that Ms. Purtell injured her right wrist and left finger on September 22, 2022. The right wrist had healed, and her finger had residual stiffness despite therapy. (Id.)

29. Dr. Green concluded that the recent left wrist and left shoulder issues were not causally related to the work incident and that Ms. Purtell could return to full duty without restrictions. (Id.)

Further Medical Treatment

30. Ms. Purtell followed up with Dr. Tomany on May 3, 2023. Although her condition was somewhat improved, she continued to have finger stiffness, left wrist tenderness, pain, and limitations with left shoulder external rotation. Dr. Tomany indicated she should follow through with formal physical therapy for her left shoulder, and that at this time, she likely could proceed with a five-pound weightlifting limit. (Id.)

31. On June 5, 2023 Dr. Tomany noted that Ms. Purtell's left hand had improved, but she was experiencing increased pain and stiffness in her left shoulder, so she received a steroid injection. Because physical therapy for her left shoulder had not been approved by workers' compensation, she sought it through her private health insurance. (Id.)

32. She was seen on July 10, 2023 by Dr. Tomany, who noted improvement to her left shoulder from the steroid injection. He gave her another referral to physical therapy for her shoulder noting "this clearly appears to be related to her left wrist and small finger injury." (Id.)

33. Ms. Purtell had a further examination on August 10, 2023, at which Dr. Tomany found that she "clearly has asymmetrical shoulder motion with loss of left shoulder

adduction.” He recommended physical therapy and a continued home-exercise program. (Id.)

34. On November 8, 2023, Dr. Tomany found her to have persistent left shoulder adhesive capsulitis with stable left small finger flexion contracture and wrist synovitis. Her main issue has been left shoulder stiffness. (Id.)

35. At her examination on December 28, 2023, Dr. Tomany found that Ms. Purtell had made some progress with formal physical therapy. However, her shoulders were still asymmetrical. (Id.)

36. Dr. Tomany noted further progress on January 24, 2024, given the decreased spasm in Ms. Purtell’s left shoulder; however, she continued to have lifting restrictions. (Id.)

37. On March 21, 2024, Ms. Purtell was seen by Dr. Tomany for follow-up. She had begun a plan of work conditioning over the past three weeks. (Id.)

38. Ms. Purtell was discharged from the work conditioning program on April 15, 2024, remaining limited for overhead lifting and placement of heavy items overhead. The discharging doctor ordered a functional capacity evaluation (FCE). (Ex. 17.)

Functional Capacity Exam

39. Ms. Purtell completed a four-hour FCE on July 2, 2024 with an occupational therapist, John P. Moran. (Ex.16.)

40. Despite her maximum voluntary efforts, she failed *all* lifting activities and one-half of the other activities. (Id.)

41. The report indicated that she consistently demonstrated a progressive reduction of proper movement in the left shoulder versus the right shoulder and appeared incapable of returning to work full duty as a Cafeteria Worker/Manager. (Id.)

Medical Panel Evaluations

42. Dr. Samuel Doppelt performed a medical panel examination on July 9, 2024 and concluded that Ms. Purtell was physically incapable of performing the essential duties of her job, the incapacity was permanent, and it might be the natural and proximate result of the personal injury sustained on September 22, 2022. (Exhibit 8.)
43. Dr. Doppelt further determined that the work injury aggravated Ms. Purtell's underlying shoulder condition. (Ex. 8.)
44. Dr. Louis Bley performed a medical panel examination on July 11, 2024 and concluded that Ms. Purtell was not physically incapable of performing the essential duties of her job. (Ex. 9.)
45. Based on the exam, but without the benefit of the functional capacity evaluation, Dr. Bley determined that Ms. Purtell had recovered from her injuries and that she was not disabled. (Id.)
46. Dr. Eugene Brady performed a medical panel examination on July 23, 2024, and determined, also without the benefit of the FCE, that Ms. Purtell was not physically incapable of performing the essential duties of her job. He opined that any left shoulder limitations or diagnosis were unrelated to her accident on September 22, 2022. (Ex. 10.)

Additional Medical Treatment

47. On October 16, 2024, Ms. Purtell had a follow-up examination with Dr. Tomany, who also reviewed her written job description and the FCE. He noted spasms as well as limitations and weakness in her left shoulder. (Id.)

48. Dr. Tomany indicated that it appeared Ms. Purtell has a “demonstrable loss of functional capacity” and that the FCE “readily delineates that she does not appear capable of returning to work full duty as a cafeteria worker/manager.” (Id.)

Clarification Requests to Drs. Bley and Brady

49. On December 16, 2024, Board Counsel sent clarification requests to Drs. Brady and Bley and a copy of the July 2, 2024 Functional Capacity Evaluation not previously provided at the time of their medical panel examinations. (Exhibits 11 and 12.)
50. Dr. Brady wrote an addendum dated December 19, 2024, reiterating his opinion that Ms. Purtell did not have adhesive capsulitis, which required a significant loss of motion of the shoulder. He also found that her grip strength was normal. In his opinion, the FCE did not change his position that she could perform the essential duties of her job. (Exhibit 14.)
51. Dr. Bley wrote an addendum on January 15, 2025, in which he changed his opinion, stating that based on the FCE findings in conjunction with his own findings, he determined that Ms. Purtell was incapacitated from returning to work, the incapacity was permanent, and the incapacity might be the natural and proximate result of the work injuries sustained. (Exhibit 13.)
52. He noted that pursuant to the FCE, Ms. Purtell “failed her lifting requirements, failed reaching chest height to shoulder bilaterally and box lift, as well as sustained neck flexion with bilateral reaching to the side.” (Id.)
53. Dr. Bley opined that the frozen shoulder “most likely is directly correlated with the September 22, 2022 work injury and is causing her current disability.” (Id.)

54. In March 2024, Ms. Purtell filed an application for accidental disability retirement, citing the medical conditions of left frozen shoulder, left small finger flexion contracture and arthritis, and left wrist synovitis status post small finger fracture. The application was supported by a physician's statement by Dr. Tomany, who categorized the onset of the conditions as a "work injury that induced left shoulder adhesive capsulitis flare up." (Exs. 3, 4.)

55. On April 17, 2025, the Board voted 4-1 to deny Ms. Purtell Accidental Disability Retirement. (Ex. 2.)

56. Ms. Purtell filed a timely appeal of the Board's decision.

Analysis

To receive accidental disability retirement benefits, Ms. Purtell must show that she is unable to perform the essential duties of her job, this inability is likely to be permanent, and it was caused by an injury or hazard sustained as a result of, and while in the performance of, her duties. M.G.L. c. 32, § 7(1). She must prove each requirement by a preponderance of the evidence. *Lisbon v. Contributory Ret. App. Bd.*, 41 Mass. App. Ct. 246, 255 (1996).

An applicant must show that the injuries sustained were caused by a specific event or series of events. M.G.L. c. 32, § 6(3)(a). The event, or events, must be "a significant contributing cause to [the] employee's disability." *Robinson's Case*, 416 Mass. 454, 460 (1993). While a positive medical panel is "some evidence on the question of causation," "it is not determinative." *Warren v. Boston Ret. Bd.*, CR-13-199 (Div. Admin. Law App. Sep. 30, 2022). It is up to the Board to make the ultimate determination based on the entire record. *See Blanchette v. Contributory Ret. App. Bd.*, 20 Mass. App. Ct. 479, 482 (1985).

In the present case, the majority of the medical panel found that the workplace injury on September 22, 2022 might be the cause of Ms. Purtell's permanent disability. Additionally, Dr. Tomany, who treated her continuously for two years from the time of the injury, agreed.

When an applicant has a pre-existing condition, the difficult question is "whether the condition would have progressed naturally into the member's current symptoms even if the workplace accident had not occurred." *Rogers v. Worcester Ret. Bd.*, CR-22-164 (Div. Admin. Law App. Jan. 26, 2024). To be compensable, a disability must not be caused merely by the "natural, cumulative, degenerative effects of [a] pre-existing condition." *Lisbon*, 41 Mass. App. Ct. at 255. However, if "an applicant suffers from an underlying condition that was aggravated by a work-related injury to the point of disability, that injury is compensable." *B.G. v. State Bd. of Ret.*, CR-20-0207 (Div. Admin. Law App. Oct. 8, 2021) and see *Smith v. Essex Reg'l Ret. Sys.*, CR-19-0533 (Div. Admin. Law App. Dec. 16, 2022) (when a condition used to be manageable and not debilitating before an accident, but after the accident is unmanageable and debilitating, this is evidence of an aggravation of the condition and is compensable.)

Furthermore, "[w]hen an employee is perfectly capable of doing their job, and then totally unable to [do so] following a workplace injury, this goes a long way toward meeting their burden of proving causation." *Carreiro v. New Bedford Ret. Bd.*, CR-21-0355 (Div. Admin. Law App. July 21, 2023) and see *Lima v. Fall River Ret. Bd.*, CR-23-0499 (Div. Admin. Law App. Nov. 28, 2025) (where Petitioner aggravated her pre-existing back condition to the point of permanent disability by workplace incident, she met burden of proof as to causation). Petitioner may prevail "as long as the pre-existing condition did not limit the applicant in the same way the new injury does." *Carreiro, supra*.

Here, the majority of the medical panel found that the workplace injury aggravated Ms. Purtell's pre-existing left shoulder condition to the point of permanent disability. (Dr. Brady, the minority opinion on the panel, continued to conclude that Ms. Purtell did not have frozen shoulder, and disbelieved that the FCE findings regarding overhead lifting would prevent her from completing her work tasks.) Dr. Tomany, her treating orthopedist, agreed with the majority of the panel and found that the workplace injury was the onset of Ms. Purtell's disability.

Further, Ms. Purtell's testimony is consistent with the findings of the majority of the medical panel. In the past, she had issues with both shoulders, which resolved with physical therapy. She had been able to return to work full-time as a cafeteria worker. However, after the September 2022 incident, she was unable to do the required work duties, especially the heavy lifting. Physical therapy records after the September 2022 incident show that while her range of motion and lifting ability had improved, she still had limited motion in her shoulder and had significant lifting restrictions. Also, upon discharge from work conditioning with the "maximal amount of lifting and carry weight reached with safe performance," she continued to have limited range of motion and remained limited for overhead lifting and placement of heavy items overhead." (Ex. 17.) Ms. Purtell describes through her testimony a pre-existing, manageable left shoulder issue that later was aggravated by the September 2022 work incident. Consideration of the full record supports that the "pre-existing condition did not limit [her] in the same way the new injury does." *Carreiro, supra*.

CONCLUSION AND ORDER

For the foregoing reasons, I find that Ms. Purtell is entitled to accidental disability retirement benefits. The Board's decision is hereby REVERSED.

Dated: August 28, 2026

/s/ Karen T. Guthrie

Karen T. Guthrie

Administrative Magistrate

DIVISION OF ADMINISTRATIVE LAW APPEALS

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