U.S. DEPARTMENT OF LABOR

Employees' Compensation Appeals Board

In the Matter of TAMERA L. MORRIS <u>and</u> U.S. POSTAL SERVICE, POST OFFICE, Myrtle Beach, SC

Docket No. 98-852; Submitted on the Record; Issued March 9, 2000

DECISION and **ORDER**

Before WILLIE T.C. THOMAS, BRADLEY T. KNOTT, A. PETER KANJORSKI

The issue is whether appellant's disability beginning in May 1995 was causally related to her March 24, 1994 employment injury.

On March 24, 1994 appellant, a distribution clerk, sustained an injury in the performance of her duties while working flats from a hamper. She stated that her right wrist went weak and that numbness later occurred. The Office of Workers' Compensation Programs accepted her claim for the conditions of right wrist strain, right shoulder strain and cervical strain. Appellant received compensation on the daily rolls for periods of temporary total disability.

In 1995 appellant submitted claims for continuing compensation from May 23 through August 18, 1995. On September 25, 1995 the Office advised her that these claims were not currently payable, that the medical evidence of record indicated that she returned to light duty on December 14, 1994 and that there was no medical evidence suggesting a worsening of her accepted conditions.

The Office received a duty status report dated May 11, 1995, indicating that appellant was unable to perform regular work due to a disc rupture at the L4-5 level. A narrative medical report dated August 1, 1995 indicated that appellant had a probable tear of the medial meniscus of the left knee with episodes of giving way and locking, which required arthroscopic surgery to repair. On March 20, 1996 the Office advised appellant that none of these conditions had been accepted and that her attending physician needed to explain the relationship between the L4-5 disc rupture and the incident of March 24, 1994.

¹ On September 1, 1995 she filed a claim asserting that she sustained a recurrence of disability in May 1995 as a result of a December 26, 1985 employment injury. The record indicates that appellant sustained a low back injury on December 26, 1985 (OWCP file no. A6-389760) when she fell in the parking lot of the employing establishment.

Appellant submitted a number of medical records and highlighted portions thereof to help the Office see the medical rationale "as to the L4-5 disc rupture and the on-the-job injury of March 24, 1994 (a lifting injury)." Appellant contended that the evidence showed a worsening of her condition following her March 24, 1994 employment injury and, she added, she was never returned to light duty. None of the evidence, however, contained a physician's discussion or medical explanation of how the employment incident of March 24, 1994 caused the claimed disability for work. In a report dated January 25, 1995, Dr. William L. Mills, appellant's orthopedist, noted appellant's employment injuries and stated that appellant had reported subsequent persistent radiating back and neck pain. Appellant complained of neck pain radiating into the right arm and back pain radiating into the left leg. Dr. Mills related his findings and diagnosed radiating neck and lower back pain. He stated: "It appears that her symptoms at this time are related to the work-related injury of March 1994."

In a decision dated May 8, 1996, the Office denied appellant's claim for continuing compensation on the grounds that the evidence of file failed to demonstrate a causal relationship between the injury of March 24, 1994 and appellant's herniated lumbar disc and left knee conditions. The Office also found that the evidence failed to demonstrate any continuing residuals of the March 24, 1994 injury. Noting that proof of causal relationship must include the supporting rationalized opinion of a qualified medical expert, based on a complete and accurate factual and medical background, the Office observed that the medical evidence in appellant's case was entirely devoid of such medical opinion evidence.

In a decision dated September 24, 1996, the Office reviewed the merits of appellant's claim and denied modification of its prior decision. The Office found that appellant had failed to submit rationale supporting a continuing work-related disability.

In a decision dated September 29, 1997, the Office reviewed the merits of appellant's claim and denied modification of its prior decision. The Office found that none of the medical reports on file provided a physician's rationalized medical opinion to support that any of appellant's current conditions were related to her federal employment.

The Board finds that the medical evidence of record is insufficient to establish that appellant's disability beginning in May 1995 was causally related to her March 24, 1994 employment injury.

A claimant seeking benefits under the Federal Employees' Compensation Act² has the burden of proof to establish the essential elements of her claim by the weight of the evidence, including that she sustained an injury in the performance of duty and that any specific condition or disability for work for which she claims compensation is causally related to that employment injury.⁴

² 5 U.S.C. §§ 8101-8193.

³ Nathaniel Milton, 37 ECAB 712 (1986); Joseph M. Whelan, 20 ECAB 55 (1968) and cases cited therein.

⁴ Elaine Pendleton, 40 ECAB 1143, 1145 (1989).

In the case on appeal,⁵ the Office accepted that appellant sustained an injury in the performance of duty on March 24, 1994 while working flats from a hamper. The Office accepted this claim for the conditions of right wrist strain, right shoulder strain and cervical strain. Appellant filed claims for continuing compensation beginning in May 1995. It is, therefore, appellant's burden to establish that the period of disability for which she claims compensation is causally related to the March 24, 1994 employment injury.

The evidence generally required to establish causal relationship is rationalized medical opinion evidence. The claimant must submit a rationalized medical opinion that supports a causal connection between her current condition or claimed disability and the accepted employment injury. The medical opinion must be based on a complete factual and medical background with an accurate history of the claimant's employment injury and must explain from a medical perspective how the current condition or claimed disability is related to the injury.⁶

The record in this case contains no such medical opinion. Appellant has submitted medical evidence, including highlighting passages in an attempt to show medical rationale. However, this evidence is insufficient to establish the critical element of causal relationship. The most supportive opinion is the January 25, 1995 opinion of Dr. Mills, appellant's orthopedist. Noting appellant's complaints of neck pain radiating into the right arm and back pain radiating into the left leg, Dr. Mills reported: "It appears that her symptoms at this time are related to the work-related injury of March 1994." This opinion, however, fails to explain from a medical perspective how the incident that occurred on March 24, 1994 caused disability for work beginning in May 1995. The Board has held that medical conclusions unsupported by rationale are of little probative value. Moreover, Dr. Mills provided this opinion approximately four months before the relevant period of disability began, so it is of questionable relevancy to the issue in this case.

Because the medical evidence of record does not establish a causal relationship between appellant's March 24, 1994 employment injury and her disability for work beginning in May 1995, the Board finds that the Office properly denied her claims for continuing compensation.

⁵ Appellant appeals from the Office's September 29, 1997 decision under OWCP file no. A6-0593644.

⁶ John A. Ceresoli, Sr., 40 ECAB 305 (1988).

⁷ Ceferino L. Gonzales, 32 ECAB 1591 (1981); George Randolph Taylor, 6 ECAB 968 (1954).

The September 29, 1997 decision of the Office of Workers' Compensation Programs is affirmed.

Dated, Washington, D.C. March 9, 2000

> Willie T.C. Thomas Alternate Member

Bradley T. Knott Alternate Member

A. Peter Kanjorski Alternate Member