

U. S. DEPARTMENT OF LABOR

Employees' Compensation Appeals Board

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In the Matter of MARIE ST. CLAIR and U.S. POSTAL SERVICE, WESTERN NASSAU  
PARTS & DISTRIBUTION CENTER, Garden City, NY

*Docket No. 03-1688; Submitted on the Record;  
Issued September 10, 2003*

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DECISION and ORDER

Before DAVID S. GERSON, WILLIE T.C. THOMAS,  
A. PETER KANJORSKI

The issue is whether appellant established that she sustained an injury in the performance of duty.

On April 26, 2002 appellant, then a 59-year-old flat sorting machine operator, filed a traumatic injury claim alleging that on October 20, 2001 she suffered a stroke as a result of her federal employment duties. In a personal statement, she indicated that on that day she had been working on the "AFSM Machine 100" and that moving the blade back and forth and up and down tired her and the machine put too much stress on her body. Appellant stated that at night the area was very hot and as morning approached it became very cold. She said that on her last night she worked very hard because the load was heavy and there were not enough workers. Appellant claimed that her head started to ache and she felt a little dizzy, but she did not want to ask if she could leave because management would tell her to stay. Her daughter took her to the hospital on October 21, 2001 where she stayed until October 25, 2001 and was told that she had suffered a stroke.<sup>1</sup>

By letter dated June 6, 2002, the Office of Workers' Compensation Programs notified appellant that additional information was required to process her claim. The Office requested that she answer specific questions and submit additional factual and medical evidence. Specifically, the Office requested that the medical evidence contain appellant's complete medical history, dates of examination and treatment, history of injury and findings, results of tests, diagnosis and a physician's opinion supported by medical explanation as to how the specific work incident caused the claimed injury.

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<sup>1</sup> The employing establishment initially claimed that appellant did not work on the AFSM Machine 100 on October 20, 2001, but worked on the FSM 1000 machine. Appellant obtained witness signatures attesting that she was moved from the 1000 machine to the 100 machine on October 20, 2001.

Dr. Sterling Alexander, a Board-certified internist, indicated that appellant was admitted to the hospital on October 21, 2001 with a severe headache and was unable to walk. He noted that she had a history of hypertension and chronic headaches. Appellant's discharge diagnosis was "uncontrolled hypertension, intraparenchymal central nervous system hemorrhage and chronic renal insufficiency." A nurse's admission report also dated October 21, 2001 indicated that appellant had a headache and had been lightheaded for the past two weeks.

A brain computerized tomography scan performed on October 21, 2001 indicated that appellant had dizziness and a headache and showed a lesion in the left cerebellum. A magnetic resonance imaging (MRI) brain scan indicated that she had a cerebellar mass and headaches and showed: "Atrophy. Left cerebellar and right basal ganglia hemorrhage which may be related to, however, cavernomas in view of the presence of multiple other areas of hemosiderin within the brain parenchyma on the gradient-echo images."<sup>2</sup>

In a report dated June 11, 2002, Dr. Ilene Miller, a Board-certified internist, noted that appellant had a history of malignant hypertension and progressive hypertensive nephrosclerosis/nephropathy. She stated that appellant's blood pressure was high and was difficult to control. Dr. Miller also noted that appellant had renal disease, which could be expected to eventually progress to end stage renal disease. She opined that appellant was totally disabled.

By decision dated July 30, 2002, the Office denied appellant's claim for compensation finding that she actually experienced the claimed incident but that the medical evidence did not establish that she sustained an injury in connection with the claimed event.

By letter dated January 30, 2003, appellant requested reconsideration and submitted a legal brief, a January 13, 2002 report from Dr. Miller, a June 28, 2002 disability note and a report from Board-certified internist Dr. Arun Mohile dated August 26, 2002. Dr. Miller reiterated that appellant had a history of hypertension and was totally disabled. The disability note indicated that appellant had gout in both feet and because of this had difficulty walking.<sup>3</sup> Dr. Mohile noted that appellant had a "long-standing history of stress, which was job related, due to an overload of work" and that she was under his medical care and was on medication. He stated: "At this time it is medically recommended that she avoid any stressful situation that may exacerbate her medical condition."<sup>4</sup>

By decision dated April 28, 2003, the Office denied modification finding that the evidence submitted was insufficient to warrant modification of the previous decision. The Office noted that the factual basis of appellant's claim was not in question as it was already accepted that appellant actually experienced the claimed incident. The Office found that the medical evidence failed to make any connection between the incident on October 20, 2001 and appellant's various diagnosed medical conditions.

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<sup>2</sup> Appellant also submitted scans of the head, pelvis and kidney.

<sup>3</sup> The physician's signature is illegible.

<sup>4</sup> By decision dated April 16, 2003, the Office also approved attorney's fees.

The Board finds that appellant did not establish that she sustained an injury in the performance of duty.

An employee seeking benefits under the Federal Employees' Compensation Act<sup>5</sup> has the burden of establishing the essential elements of his or her claim including the fact that the individual is an "employee of the United States" within the meaning of the Act, that the claim was timely filed within the applicable time limitation period of the Act, that an injury was sustained in the performance of duty as alleged and that any disability and/or specific condition for which compensation is claimed are causally related to the employment injury.<sup>6</sup> These are the essential elements of each compensation claim regardless of whether the claim is predicated upon a traumatic injury or an occupational disease.<sup>7</sup>

In the present case, there is no dispute that appellant was an employee of the United States, that the claim was filed in a timely manner. The issue is whether she has established that she sustained an injury in the performance of duty.

To determine whether an employee has sustained a traumatic injury in the performance of duty, it must first be determined whether a "fact of injury" has been established. First, the employee must submit sufficient evidence to establish that he or she actually experienced the employment incident at the time, place and in the manner alleged.<sup>8</sup> Second, the employee must submit sufficient evidence, generally only in the form of medical evidence, to establish that the employment incident caused a personal injury.<sup>9</sup> An employee may establish that an injury occurred in the performance of duty as alleged, but fail to establish that his or her disability and/or a specific condition for which compensation is claimed are causally related to the injury.<sup>10</sup>

The medical evidence required to establish a causal relationship is rationalized medical opinion evidence. Rationalized medical opinion evidence is medical evidence which includes a physician's rationalized opinion on the issue of whether there is a causal relationship between the claimant's diagnosed condition and the implicated employment factors. The opinion of the physician must be based on a complete factual and medical background of the claimant, must be one of reasonable medical certainty and must be supported by medical rationale explaining the nature of the relationship between the diagnosed condition and the specific employment factors identified by the claimant.<sup>11</sup>

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<sup>5</sup> 5 U.S.C. §§ 8101-8193.

<sup>6</sup> *Elaine Pendleton*, 40 ECAB 1143, 1145 (1989).

<sup>7</sup> *See Delores C. Ellyett*, 41 ECAB 992, 994 (1990); *Ruthie M. Evans*, 41 ECAB 416, 423-25 (1990).

<sup>8</sup> *John J. Carlone*, 41 ECAB 354 (1989).

<sup>9</sup> *Id.*

<sup>10</sup> As used in the Act, the term "disability" means incapacity because of an injury in employment to earn wages the employee was receiving at the time of the injury, *i.e.*, a physical impairment resulting in loss of wage-earning capacity. *Frazier V. Nichol*, 37 ECAB 528 (1986).

<sup>11</sup> *Delores C. Ellyett and Ruthie M. Evans*, *supra* note 7.

The Office accepted that the incidents occurred at the time, place and in the manner alleged; however, the medical evidence is insufficient to establish that the employment incidents were the cause of the injury. Dr. Alexander indicated that appellant had a history of hypertension and chronic headaches and noted that she was admitted to the hospital for a severe headache on October 21, 2001 and was unable to walk. He diagnosed appellant with uncontrolled hypertension, intraparenchymal central nervous system hemorrhage and chronic renal insufficiency. Dr. Alexander did not provide a complete medical or factual history of appellant's condition. He also did not mention appellant's employment duties or the incident on October 20, 2001. Moreover, Dr. Alexander did not provide a medical opinion, supported by medical rationale, on the cause of appellant's diagnosed conditions. He only indicated that appellant was being discharged from the hospital and should follow up with her primary medical doctor to check her blood pressure and adjust her medication. Dr. Alexander's report has little probative value in establishing a causal relationship between appellant's diagnosed conditions and her employment, since he did not provide an opinion on the cause of her condition and did not mention the employment incident on October 20, 2001.

Dr. Miller indicated that appellant had a history of malignant hypertension and progressive hypertensive nephrosclerosis/nephropathy. She also noted that appellant had high blood pressure, which was difficult to control. Dr. Miller indicated that appellant had renal disease, which would eventually progress to end stage renal disease. Even though she mentioned appellant's history of hypertension, she did not provide a complete medical history or explain the relationship between the hypertension and the high blood pressure and renal disease. Dr. Miller also did not provide a definitive diagnosis for appellant's condition. Although she noted certain conditions in appellant's medical history, Dr. Miller did not provide a current, independent diagnosis. Further, she did not provide a medical opinion on the cause of appellant's conditions with supportive medical rationale. Dr. Miller did not even mention appellant's employment duties or the date of the incident on October 20, 2001. Last, her opinion that appellant was totally disabled was not supported by medical rationale or medical findings and she did not explain the cause of appellant's disability. Dr. Miller's reports are of little probative value in establishing a causal connection between appellant's medical conditions and factors of her employment as they are incomplete and do not contain an opinion on causal relationship or mention appellant's employment.

Dr. Mohile stated that appellant had a long-standing history of stress, which he opined was job related and was due to an overload of work. He recommended that appellant avoid any stressful situation that may exacerbate her condition. Even though Dr. Mohile diagnosed "stress" and related it to appellant's employment, his report is incomplete and insufficient to establish causal relationship. First, Dr. Mohile did not support his diagnosis with any medical findings. He also did not provide a complete factual and medical background of appellant's condition. Moreover, he did not support his statement regarding causal relationship with medical rationale. The Board has found that a statement without supporting rationale is of little probative value<sup>12</sup> and is insufficient to discharge appellant's burden of proof. Last, Dr. Mohile did not mention the date of the employment incident on October 20, 2001 or mention any of appellant's work duties on the day in question. Appellant claimed that she suffered a stroke on October 20,

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<sup>12</sup> *Marilyn D. Polk*, 44 ECAB 673 (1993).

2001, yet Dr. Mohile did not explain how his general diagnosis of “stress” was related to appellant’s stroke. Dr. Mohile’s report is of little probative value in establishing a causal relationship between appellant’s diagnosed conditions and her employment duties.

The disability note dated June 28, 2002 is also insufficient to establish causal relationship since it does not provide any medical findings in support of the diagnosis and does not make any reference to the work incident on October 20, 2001 or appellant’s employment.

Since appellant did not submit a well-rationalized medical opinion report relating her diagnosed conditions to her employment, she has not met her burden of proof in establishing her claim.

The decisions of the Office of Workers’ Compensation Programs dated April 28, 2003 and July 30, 2002 are hereby affirmed.

Dated, Washington, DC  
September 10, 2003

David S. Gerson  
Alternate Member

Willie T.C. Thomas  
Alternate Member

A. Peter Kanjorski  
Alternate Member