

January 9, 2005 event and paid continuation of pay from January 10 to 21, 2005. Appellant returned to her full-time position on January 28, 2005.

In a letter dated February 1, 2005, the employing establishment controverted the payment of continuation of pay from January 10 to 21, 2005, alleging that there was no medical documentation to support total disability causally related to her employment injury.

The evidence of record reflects that appellant had an episode of sudden unconscious while at work on January 9, 2005 and struck her head on a cage while falling to the floor, resulting in a laceration on the right side of the head. In a February 16, 2005 letter, the Office advised appellant that a physician's opinion as to how her injury resulted in any condition diagnosed needed to be provided. It noted that the physician should focus on her head injury and not the condition that caused her to collapse. It further noted that the physician must also explain why the condition diagnosed was believed to have been caused or aggravated by her claimed injury.

Appellant submitted copies of the January 9, 2005 Saint Louis Fire Emergency Medical Services report, the January 9, 2005 Barnes-Jewish Hospital emergency department summary report and various diagnostic tests performed. These included a computerized tomography (CT) scan of her head which showed no acute intracranial hemorrhage and a soft tissue swelling with hematoma along the right parietal region with no associated skull fracture.

The emergency room physician, Dr. Antonio F. Rivera, noted the history of injury, reported that the head CT and laboratory work were normal and diagnosed syncope. A laceration on the right side of the head was also noted. He advised that appellant would be admitted for telemetry and further syncope work up. In a January 18, 2005 report, Dr. Timothy Smith, a Board-certified internist, specializing in cardiac electrophysiology, advised that appellant had nonischemic cardiomyopathy and syncope and that she had experienced an episode of unexplained syncope while seated at work. He stated that she was at high risk for malignant ventricular arrhythmia and sudden cardiac death and noted that an automatic cardioverter defibrillator (ICD) was implanted.

In a January 19, 2005 report, Dr. Elizabeth A. Tracy, a Board-certified internist, noted that appellant had a history of hypertension, osteoarthritis and questionable history of delirium tremens with alcohol withdrawal in the past. She indicated that appellant had an episode of syncope on the day of admission while at work and incurred a scalp laceration which was repaired in the emergency room. Dr. Tracey stated that her principal and secondary diagnoses were coronary artery disease, cardiomyopathy, hypertension, syncope and history of alcohol abuse and withdrawal. During appellant's hospital course, she underwent an adenosine Thallium test, cardiac echocardiogram, cardiac catheterization, percutaneous transluminal coronary angioplasty with a right coronary artery stent placement, an automatic implanted cardioverter defibrillatory placement and an electroencephalography. Dr. Tracey advised that appellant's condition was stable on discharge.

By decision dated June 21, 2005, the Office found that appellant was not entitled to continuation of pay for the period January 10 to 21, 2005 on the basis that her disability for work

was not a result of the accepted condition of laceration to the head. It found that the conditions for which appellant was hospitalized were either not accepted or not work related.

LEGAL PRECEDENT

Office regulations provides, in pertinent part, that to be eligible for continuation of pay, a person must: “(1) Have a traumatic injury which is job related and the cause of the disability, and/or the cause of lost time due to the need for medical examination and treatment; (2) File Form CA-1 within 30 days of the date of the injury; and (3) Begin losing time from work due to the traumatic injury within 45 days of the injury.”¹ The Federal Employees’ Compensation Act further authorizes continuation of pay of an employee who has filed a valid claim for traumatic injury.²

It is a well-settled principle of workers’ compensation law and the Board has so held that an injury resulting from an idiopathic fall -- where a personal, nonoccupational pathology causes an employee to collapse and to suffer injury upon striking the immediate supporting surface and there is no intervention or contribution by any hazard or special condition of employment -- is not within coverage of the Act.³ Such an injury does not arise out of a risk connected with the employment and is, therefore, not compensable. Although a fall is idiopathic, an injury resulting from the fall is compensable if some job circumstance or working condition intervenes in contributing to the incident or injury, such as if an employee, instead of falling directly onto the floor, strikes a part of his body against a wall, a piece of equipment, furniture, machinery or some similar object.⁴ In situations involving idiopathic falls, Office procedures provide that, if some factor of the employment intervened or contributed to the injury resulting from the fall, the employee has coverage for the results of the injury but not for the idiopathic condition that caused the fall.⁵

With respect to claimed disability for medical treatment, section 8103 of the Act provides for medical expenses, along with transportation and other expenses incidental to securing medical care for injuries.⁶ However, the Office’s obligation to pay for medical expenses and other expenses incidental to obtaining medical care, such as loss of wages, extends only to expenses incurred for treatment of the effects of any employment-related condition. Appellant has the burden of proof, which includes the necessity to submit supporting rationalized medical

¹ 20 C.F.R. § 10.205(a)(1)-(3).

² 5 U.S.C. § 8118(a).

³ 5 U.S.C. §§ 8101-8193.

⁴ *Lowell D. Meisinger*, 43 ECAB 992 (1992).

⁵ Federal (FECA) Procedure Manual, Part 2 -- Claims, *Performance of Duty*, Chapter 2.804.9(b) (August 1992) (if some factor of the employment intervened or contributed to the injury resulting from the fall, the employee has coverage for the results of the injury but not for the idiopathic condition that caused the fall).

⁶ 5 U.S.C. § 8103(a).

evidence.⁷ Whether a particular injury caused an employee disability from employment is a medical issue, which must be resolved by competent medical evidence.⁸

ANALYSIS

The Office accepted a laceration to appellant's head as causally related to her fall on January 9, 2005 during which she struck a cage. As noted when a factor of the employment intervened or contributed to the injury resulting from the fall, the employee has coverage for the results of the injury but not for the idiopathic condition that caused the fall. The issue, therefore, is whether appellant has submitted sufficient medical evidence to establish that she was disabled for work during the period January 10 to 21, 2005 as a result of the accepted head laceration as opposed to her preexisting cardiac and other conditions.

Appellant submitted medical reports and copies of diagnostic tests she underwent while she was hospitalized following her fall at work. The medical record indicates that she was hospitalized for: coronary artery disease, cardiomyopathy, hypertension, syncope and history of alcohol abuse and withdrawal. There is no medical evidence causally relating appellant's hospitalization and disability to her accepted laceration of January 9, 2005. The medical evidence does not establish that any of the conditions for which she was hospitalized were caused or aggravated by her federal employment. Section 10.205(a)(3) of the regulations states that, time lost from work must be due to the traumatic injury. As none of the conditions for which appellant was hospitalized were due to the accepted traumatic injury, she is not eligible to receive continuation of pay for her time off work.⁹

In a February 16, 2005 letter, the Office had advised appellant of the medical evidence required to support her claim. It noted that the physician should address her head injury and not the condition that caused her to collapse. There is no medical evidence of record establishing a causal relationship between any period of disability and the accepted January 9, 2005 injury. Appellant has not met her burden of proof to establish entitlement to continuation of pay from January 10 to 21, 2005 as a result of the accepted head laceration.

CONCLUSION

The Board finds that appellant has not established that she is entitled to continuation of pay for the period January 10 to 21, 2005.

⁷ *John W. Montoya*, 54 ECAB ____ (Docket No. 02-2249, issued January 3, 2003); *Dorothy J. Bell*, 47 ECAB 624 (1996).

⁸ *See Debra A. Kirk-Littleton*, 41 ECAB 703 (1990).

⁹ *See Vincent E. Washington*, 40 ECAB 1242 (1989).

ORDER

IT IS HEREBY ORDERED THAT the Office of Workers' Compensation Programs' decision dated June 21, 2005 is affirmed.

Issued: December 13, 2005
Washington, DC

David S. Gerson, Judge
Employees' Compensation Appeals Board

Willie T.C. Thomas, Alternate Judge
Employees' Compensation Appeals Board

Michael E. Groom, Alternate Judge
Employees' Compensation Appeals Board