

In a December 19, 2005 report, Dr. Ramesh Padiyar, an attending internist, noted the slip and fall incident occurring earlier that day. He related that appellant had a history of back problems and was on pain medication. On examination, Dr. Padiyar noted: “tenderness on left thoracic area” and left-sided lumbar tenderness. He obtained thoracic, lumbar and right foot x-rays which were negative for fracture.

In January 10, 2006 reports, Dr. Nisha Chellam, an attending Board-certified internist, noted a history of injury. On examination, she noted pain on palpation, minimal thigh swelling and a positive straight leg raising test. Dr. Chellam diagnosed “internal bruising/sciatica” and checked a box “yes” indicating her support for causal relationship.

In a January 24, 2006 letter, the Office advised appellant of the deficiencies in the evidence submitted and described the evidence needed to establish her claim. The Office emphasized the need for a rationalized statement from a physician explaining how and why the December 19, 2005 incident caused the claimed injuries. The Office afforded appellant 30 days in which to submit additional evidence. Appellant did not submit additional evidence.

By decision dated February 24, 2006, the Office denied appellant’s claim on the grounds that she did not submit sufficient evidence to establish causal relationship. The Office accepted that the December 19, 2005 incident occurred at the time, place and in the manner alleged. The Office found that she submitted insufficient rationalized medical evidence to establish that the incident resulted in the claimed injuries.

In a March 6, 2006 letter, appellant requested reconsideration. She asserted that there were administrative errors and a conflict of interest in the processing of her claim. Appellant related that she still had pain symptoms and had sought additional medical treatment.

In a January 10, 2006 report, Dr. Chellam noted that appellant’s pain was “still not gone but getting better.” On examination, she found pain on palpation in the left scapula, left hip and thigh, with a history of osteoporosis of the hip.

Appellant also submitted unsigned chart notes and lists of appointments dated from December 29, 2005 to February 2, 2006. An undated employing establishment form notes appellant’s 20 percent service-connected disability due to a lumbar injury incurred in the Gulf War.

By decision dated March 29, 2006, the Office noted that Dr. Padiyar’s December 19, 2005 report was sufficient to establish the claimed December 19, 2005 incident.¹ The Office denied the claim on the grounds that causal relationship was not established. The Office found that the medical evidence submitted contained insufficient rationale explaining how the December 19, 2005 fall caused the claimed injuries.

¹ The Board notes that the Office’s February 24, 2006 decision accepted that the December 19, 2005 incident occurred at the time, place and in the manner alleged. Therefore, the March 29, 2006 decision affirms the February 24, 2006 decision but does not modify it. However, under the circumstances of this case, the Board finds that the language in the March 29, 2006 decision regarding modification of the February 24, 2006 decision is harmless, nondispositive error.

In a May 1, 2006 letter, appellant requested reconsideration. She submitted undated forms from the employing establishment noting that, in March 2002, she was found to have a 20 percent service-connected disability due to a lumbar strain. In April 6 and May 15, 2006 letters, appellant expressed her frustration with the processing of her claim and described difficulties with leave use at the employing establishment. She noted seeking treatment on April 27, 2006 from Dr. Richard Krugel, a Board-certified orthopedic surgeon.

In an April 13, 2006 report, Dr. Chellam noted appellant's complaints of thoracic, lumbar and right shoulder pain. She opined that appellant's back pain was exacerbated from the fall and improved with physical therapy. Dr. Chellam stated that the December 19, 2005 fall "led to exacerbation of [appellant's] back problem which she has had in the past." She obtained an April 13, 2006 thoracic magnetic resonance imaging (MRI) scan which showed degenerative disc disease.

In an April 24, 2006 letter, Dr. Chellam noted that a lumbar MRI scan showed chronic degenerative disc disease in the cervical and thoracic spine. She noted that there were no radiographic findings which would account for appellant's back pain. Dr. Chellam obtained an April 24, 2006 cervical MRI scan showing a mild C5-6 disc bulge.

In a May 8, 2006 letter, the Office advised appellant of the deficiencies in the evidence of record and emphasized the need for a rationalized medical opinion explaining how and why the December 19, 2005 incident would cause the claimed injuries. The Office afforded 30 days for appellant to submit Dr. Krugel's narrative report regarding his April 27, 2006 examination.

On May 17, 2006 appellant submitted Dr. Krugel's April 27, 2006 report. Dr. Krugel noted the April 24, 2006 MRI scan. He diagnosed degenerative disc disease and chronic right shoulder tendinitis. Dr. Krugel did not mention the December 19, 2005 incident.

By decision dated June 2, 2006, the Office found that appellant failed to submit sufficient rationalized medical evidence to establish a causal relationship between the December 19, 2005 incident and the claimed injuries.²

LEGAL PRECEDENT

An employee seeking benefits under the Federal Employees' Compensation Act³ 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 filed within the applicable time limitation; that an injury was sustained while in the performance of duty as alleged; and that any disability and/or specific condition for which

² Following issuance of the Office's June 2, 2006 decision, appellant submitted additional evidence. The Board may not consider evidence for the first time on appeal that was not before the Office at the time it issued the final decision in the case. 20 C.F.R. § 501.2(c).

³ 5 U.S.C. §§ 8101-8193.

compensation is claimed are causally related to the employment injury.⁴ These are the essential elements of each and every compensation claim regardless of whether the claim is predicated on a traumatic injury or an occupational disease.⁵

In order to determine whether an employee sustained a traumatic injury in the performance of duty, the Office begins with an analysis of whether “fact of injury” has been established. Generally, fact of injury consists of two components that must be considered in conjunction with one another. First, the employee must submit sufficient evidence to establish that he or she actually experienced the employment incident that is alleged to have occurred.⁶ 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.⁷

ANALYSIS

Appellant claimed that, on December 19, 2005, she sustained left knee, left hip, left great toe and left-sided lumbar injuries when she slipped and fell on a wet floor. The Office accepted that the incident occurred as alleged. The Office found, however, that appellant failed to submit sufficient medical evidence to establish that the incident caused an injury.

In support of her claim, appellant submitted medical reports from Dr. Chellam, an attending Board-certified internist, Dr. Krugel, an attending Board-certified orthopedic surgeon and Dr. Padiyar, an attending internist. Dr. Padiyar noted in a December 19, 2005 report that appellant had slipped and fallen at work that day. He noted left-sided thoracic and lumbar tenderness on examination but did not diagnose any injury or condition. The Board notes that pain generally is not a compensable diagnosis.⁸ Dr. Krugel did provide diagnoses in his April 27, 2006 report, including degenerative disc disease and chronic right shoulder tendinitis. But he did not address the December 19, 2005 incident. Neither physician opined that the December 19, 2005 slip and fall caused the claimed back, hip, knee or toe injuries. Their reports are, therefore, insufficient to meet appellant’s burden of proof.⁹

In January 10, 2006 reports, Dr. Chellam noted resolving pain after the December 19, 2005 slip and fall, diagnosed “internal bruising/sciatica” and checked a box “yes” indicating her support for causal relationship. The Board has held, however, that checking “yes” to a form question is of little probative value and is insufficient to establish causal relationship.¹⁰ Dr. Chellam opined in an April 13, 2006 report that the December 19, 2005 incident exacerbated

⁴ *Joe D. Cameron*, 41 ECAB 153 (1989).

⁵ *See Irene St. John*, 50 ECAB 521 (1999); *Michael E. Smith*, 50 ECAB 313 (1999).

⁶ *Gary J. Watling*, 52 ECAB 278 (2001).

⁷ *Deborah L. Beatty*, 54 ECAB 340 (2003).

⁸ *Paul D. Weiss*, 36 ECAB 720 (1985); *John L. Clark*, 32 ECAB 1618 (1981).

⁹ *Deborah L. Beatty*, *supra* note 7.

¹⁰ *Lillian M. Jones*, 34 ECAB 379, 381 (1982).

appellant's preexisting back problems. However, she did not provide medical rationale explaining how and why the December 19, 2005 slip and fall would cause an injury or aggravate any medical condition. Dr. Chellam's opinion is insufficiently rationalized to meet appellant's burden of proof in establishing causal relationship.¹¹

Appellant also submitted documents related to a 20 percent service-connected disability due to a lumbar injury. However, the disability ratings of other administrative agencies does not establish entitlement to benefits under the Act as there are different standards for medical proof on the question of disability.¹²

Appellant also submitted her April 6 and May 15, 2006 letters, various administrative forms and unsigned chart notes dated from December 29, 2005 to February 2, 2006. These documents are irrelevant to the critical issue of causal relationship in this case and are, therefore, insufficient to meet appellant's burden of proof.¹³

The Office advised appellant in January 24 and May 8, 2006 letters of the type of evidence needed to establish her claim, emphasizing the necessity of submitting a detailed report from her attending physician explaining how and why the December 19, 2005 slip and fall would cause any injury. However, appellant did not submit such evidence. Therefore, she has failed to establish that she sustained a back, knee, hip or toe injury in the performance of duty as she submitted insufficient rationalized medical evidence to establish the asserted causal relationship.

CONCLUSION

The Board finds that appellant has not established that she sustained back, knee, hip and toe injuries in the performance of duty.

¹¹ See *Jimmie H. Duckett*, 52 ECAB 332 (2001); *Frank D. Haislah*, 52 ECAB 457 (2001) (medical reports not containing rationale on causal relationship are entitled to little probative value).

¹² *Freddie Mosley*, 54 ECAB 255 (2002).

¹³ See *Judith A. Peot*, 46 ECAB 1036 (1995).

ORDER

IT IS HEREBY ORDERED THAT the decisions of the Office of Workers' Compensation Programs dated June 2, March 29 and February 24, 2006 are affirmed.

Issued: November 15, 2006
Washington, DC

David S. Gerson, Judge
Employees' Compensation Appeals Board

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

James A. Haynes, Alternate Judge
Employees' Compensation Appeals Board