

the right hand. She became aware of her condition and its relationship to her employment on May 15, 2011. Appellant stopped work on May 26, 2011 and returned on June 3, 2011.

OWCP informed appellant in a June 10, 2011 letter that additional evidence was needed to establish her claim. It gave her 30 days to submit a factual statement detailing the contributory employment factors and a medical report from a qualified physician explaining how a diagnosed condition resulted from these factors.

Appellant specified in a June 13, 2011 statement that she filed a previous claim, which was accepted for right elbow bursitis.² Whereas this prior injury was due to repetitive automation machinery duties, she attributed her new condition to keying mail and picking up mail sacks weighing up to 70 pounds for alternating two-hour rotations.

In a June 13, 2011 report, Dr. Gena Napier, a Board-certified family practitioner, related that appellant's right upper extremity symptoms arose 15 years earlier and before she was employed as a postal clerk.³ On examination of the right shoulder, she observed asymmetric posture, abnormal rhythm, winged scapula, diffuse tenderness to palpation, limited active range of motion (ROM), diminished strength, and positive Neer's and lift-off tests. Dr. Napier diagnosed recurrent right arm pain. She opined that repetitive lifting and data entry at work aggravated the preexisting condition.

In a June 24, 2011 report, Dr. David W. Strege, a Board-certified orthopedic surgeon, noted that appellant experienced pain in the anterior and lateral aspects of the right shoulder sometime in May 2011. On examination, he observed diffuse superior and lateral aspect tenderness, restricted abduction, motion weakness and positive impingement signs. X-rays exhibited subacromial space narrowing and moderate degenerative changes of the acromioclavicular joint. Dr. Strege diagnosed rotator cuff tendinitis and possible rotator cuff tear. He pointed out that appellant worked for the employing establishment.

In a July 12, 2011 status note, Dr. Strege excused appellant from work for the period June 24 to July 11, 2011. He released her to modified duty effective July 12, 2011.

By decision dated August 31, 2011, OWCP denied appellant's claim, finding the medical evidence insufficient to demonstrate that the accepted employment factors caused or aggravated a right upper extremity condition.

LEGAL PRECEDENT

An employee seeking benefits under FECA 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 FECA, that the claim was timely filed within the applicable time limitation period, that an injury was sustained in the performance of duty as alleged, and that any

² OWCP File No. xxxxxx490. This claim is not before the Board on the present appeal.

³ Dr. Napier identified a history of obesity, benign hypertension, left knee osteoarthritis and tobacco use disorder. None of these conditions are presently before the Board.

disabilities and/or specific conditions for which 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 upon a traumatic injury or an occupational disease.⁵

Whether an employee actually sustained an injury in the performance of duty begins with an analysis of whether fact of injury has been established.⁶ To establish fact of injury in an occupational disease claim, an employee must submit: (1) a factual statement identifying employment factors alleged to have caused or contributed to the presence or occurrence of the disease or condition; (2) medical evidence establishing the presence or existence of the disease or condition for which compensation is claimed; and (3) medical evidence establishing that the diagnosed condition is causally related to the employment factors identified by the employee.⁷

Causal relationship is a medical issue and the evidence generally required to establish causal relationship is rationalized medical opinion evidence. Rationalized medical opinion evidence is evidence which includes a physician's 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, 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.⁸

ANALYSIS

While the case record supports that appellant keyed mail and carried sacks weighing up to 70 pounds for alternating two-hour rotations, the Board finds that she did not establish her occupational disease claim because the medical evidence did not sufficiently establish that these accepted employment factors were causally related to a right arm condition.

In a June 13, 2011 report, Dr. Napier indicated that appellant sustained a preexisting right upper extremity injury before becoming a postal clerk. She diagnosed recurrent right arm pain and concluded that repetitive lifting and data entry at appellant's job aggravated the condition. Dr. Napier, however, failed to establish causal relationship because she did not adequately explain how repetitive lifting and data entry pathophysiologically caused or aggravated the injury.⁹ Medical reports consisting solely of conclusory statements without supporting rationale are of little probative value.¹⁰

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

⁵ *Victor J. Woodhams*, 41 ECAB 345 (1989).

⁶ *See S.P.*, 59 ECAB 184, 188 (2007).

⁷ *See R.R.*, Docket No. 08-2010 (issued April 3, 2009); *Roy L. Humphrey*, 57 ECAB 238, 241 (2005).

⁸ *I.J.*, 59 ECAB 408 (2008); *Woodhams*, *supra* note 5.

⁹ *Joan R. Donovan*, 54 ECAB 615, 621 (2003); *Ern Reynolds*, 45 ECAB 690, 696 (1994).

¹⁰ *William C. Thomas*, 45 ECAB 591 (1994).

In a June 24, 2011 report, Dr. Strege diagnosed rotator cuff tendinitis and possible rotator cuff tear. He then excused appellant from work from June 24 to July 11, 2011 and recommended modified assignment effective July 12, 2011. Although Dr. Strege briefly noted that she was a federal employee, he did not opine that her rotator cuff tendinitis resulted from her job duties.¹¹ In the absence of rationalized medical opinion evidence, appellant did not meet her burden of proof.

Appellant contends on appeal that Drs. Napier and Strege supported causal relationship. As noted, the medical evidence was insufficient to demonstrate that keying mail and lifting sacks caused or aggravated a right arm condition. The Board also points out that appellant submitted new evidence on appeal. The Board lacks jurisdiction to review evidence for the first time on appeal.¹² However, appellant may submit new evidence or argument as part of a formal written request for reconsideration to OWCP within one year of this merit decision, pursuant to 5 U.S.C. § 8128(a) and 20 C.F.R. §§ 10.605 through 10.607.

CONCLUSION

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

¹¹ *J.F.*, Docket No. 09-1061 (issued November 17, 2009); *S.E.*, Docket No. 08-2214 (issued May 6, 2009) (medical evidence that does not offer any opinion regarding the cause of an employee's condition is of limited probative value on the issue of causal relationship).

¹² 20 C.F.R. § 501.2(c).

ORDER

IT IS HEREBY ORDERED THAT the August 31, 2011 decision of the Office of Workers' Compensation Programs be affirmed.

Issued: May 8, 2012
Washington, DC

Alec J. Koromilas, Judge
Employees' Compensation Appeals Board

Colleen Duffy Kiko, Judge
Employees' Compensation Appeals Board

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