

In support of her claim, appellant submitted a February 21, 2011 report from Dr. Damian J. Martino, a Board-certified physician in pain medicine, who diagnosed lumbar strain and sprain, as well as sprain and strain of the sacroiliac ligament. Dr. Martino noted that her lower back pain was exacerbated by repetitive activities.

Dr. Jeffrey F. Augustin, a Board-certified orthopedic surgeon, related in an August 17, 2011 report a history of appellant's shoulder injury back in 2007, that she underwent a right shoulder arthroscopy with rotator cuff, but started having increasing pain. He also noted that, while appellant denied any new trauma to her shoulder, her work in the post office required repetitive lifting, sometimes overhead lifting. Dr. Augustin diagnosed appellant with right shoulder tendinitis. In a September 14, 2011 follow-up note, he related that appellant had shoulder pain and recommended getting a magnetic resonance imaging (MRI) scan for her shoulder.

Dr. Martino reported on September 20, 2011 that appellant's diagnosis was lumbar sprain/strain and sacroiliac ligament strain.

In a decision dated November 15, 2011, OWCP denied appellant's claim on the grounds that appellant did not submit sufficient evidence to establish that the claimed medical condition was causally related to factors of her employment.

Appellant disagreed with the decision and requested a review of the written record.

In a December 6, 2011 report, Dr. Augustin related that appellant was first seen in his office on September 19, 2007 for a work-related injury to her shoulder and underwent surgery on August 27, 2008. He stated that her job duties, which included heavy lifting, pulling and reaching for packages, had exacerbated her prior injury.

Also submitted was a November 30, 2011 report from Dr. Shailendra Hajela, a Board-certified physician in pain management, noted that appellant was diagnosed with lumbar sprain/strain, and sacroiliac ligament sprain/strain, and that sudden movements such as pushing/pulling, bending, lifting below knee level and standing exacerbated appellant's symptoms.

By decision dated March 30, 2012, OWCP's hearing representative denied appellant's claim on the grounds that the medical evidence was not sufficient to establish the claimed conditions were causally related to appellant's employment.

On December 3, 2012 OWCP received a request for reconsideration dated July 9, 2012

Along with the request, appellant submitted additional treatment notes dated from January 18 to June 13, 2012 issued by Dr. Augustin, who documented progression of appellant's shoulder condition and his recommendation that the employing establishment place her in a modified position. In his January 18, 2012 report, Dr. Augustin related that appellant had undergone an MRI scan study of the right shoulder, which showed no obvious tear of the rotator cuff. He noted that appellant did have postsurgical changes, that showed some tendinosis in the supraspinatus, with articular or degenerative fraying of the tendon. In his June 13, 2012 report, Dr. Augustin related that appellant still could not lift items with her right arm and that she was

not back to work. He opined that he did not believe that she could return to work unless her job duties were modified.

In a February 26, 2013 reconsideration decision, OWCP denied appellant's occupational disease claim on the grounds that appellant failed to submit sufficient evidence to establish the causal relationship element in her claim.

LEGAL PRECEDENT

An employee seeking benefits under FECA² 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 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 compensation is claimed are causally related to the employment injury.³ 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.⁴

An occupational disease is defined as a condition produced by the work environment over a period longer than a single workday or shift.⁵ To establish that an injury was sustained in the performance of duty in an occupational disease claim, a claimant must submit the following: (1) medical evidence establishing the presence or existence of the disease or condition for which compensation is claimed; (2) factual statement identifying employment factors alleged to have caused or contributed to the presence or occurrence of the disease or condition; and (3) medical evidence establishing that the employment factors identified by the claimant were the proximate cause of the condition for which compensation is claimed or, stated differently, medical evidence establishing that the diagnosed condition is causally related to the employment factors identified by the claimant. The medical evidence required to establish causal relationship is generally rationalized medical opinion evidence. 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.⁶

An award of compensation may not be based on appellant's belief of causal relationship.⁷ Neither the mere fact that a disease or condition manifests itself during a period of employment nor the belief that the disease or condition was caused or aggravated by employment factors or incidents is sufficient to establish a causal relationship.⁸

² 5 U.S.C. §§ 8101-8193.

³ *Joe D. Cameron*, 41 ECAB 153 (1989).

⁴ *See Irene St. John*, 50 ECAB 521 (1999); *Michael E. Smith*, 50 ECAB 313 (1999).

⁵ 20 C.F.R. § 10.5(q).

⁶ *Solomon Polen*, 51 ECAB 341 (2000).

⁷ *Dennis M. Mascarenas*, 49 ECAB 215, 218 (1997).

⁸ *Id.*

ANALYSIS

In the instant case, appellant has failed to submit any medical report containing a rationalized, probative opinion which relates her alleged current right shoulder, wrist and lumbar conditions to factors of her employment. For this reason, she has not discharged her burden of proof to establish her claim.

Appellant submitted numerous reports issued by Dr. Augustin who was treating her for her shoulder condition, and reports signed by Drs. Martino and Hajela which diagnosed her with lumbar and sacroiliac ligament sprain/strain.

Dr. Augustin's December 6, 2011 report provided a brief account of the history of appellant's shoulder condition, and noted that her condition was exacerbated by heavy lifting, pulling and reaching for packages. His report is of limited probative value, in part, because it does not provide a history of appellant's employment duties including the weight of lifting required, and frequency of pushing and pulling activities. Furthermore, Dr. Augustin provided no medical explanation as to how the mechanism of appellant's current employment activities had exacerbated her condition. The Board has long held that medical conclusions unsupported by rationale are of diminished probative value and insufficient to establish causal relationship.⁹ As such, this report is of limited probative value.

The November 30, 2011 report from Dr. Hajela diagnosed appellant with lumbar and sacroiliac ligament sprain/strain, and remarked that sudden movements in her work duties such as pushing/pulling, bending, lifting below knee level and standing exacerbated her symptoms. Dr. Hajela's opinion is also of limited probative value as it does not contain sufficient information regarding the weight and frequency of appellant's work duties. It also does not provide any medical rationale as to how or why appellant's claimed condition is currently affected by or related to factors of employment.¹⁰ The weight of medical opinion evidence is determined by the opportunity for and thoroughness of examination, the accuracy and completeness of physician's knowledge of the facts of the case, the medical history provided, the care of analysis manifested and the medical rationale expressed in support of stated conclusions.¹¹ Dr. Hajela did not sufficiently explain the medical process through which such duties would have been competent to cause the claimed conditions.

Appellant also submitted several reports from Dr. Martino. While Dr. Martino noted that he was treating appellant for low back strain/sprain and sacroiliac ligament strain, he offered no opinion regarding the cause of the diagnosed conditions.

Finally, the Board notes that, while appellant also alleged a right wrist condition, she did not submit medical evidence in support of this claim.

An award of compensation may not be based on surmise, conjecture or speculation. Neither the fact that appellant's condition became apparent during a period of employment nor

⁹ See *Albert C. Brown*, 52 ECAB 152 (2000).

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

¹¹ See *Anna C. Leanza*, 48 ECAB 115 (1996).

the belief that her condition was caused, precipitated or aggravated by her employment sufficient to establish causal relationship.¹² Causal relationship must be established by rationalized medical opinion evidence and appellant failed to submit such evidence.

OWCP advised appellant of the evidence required to establish her claim; however, she failed to submit such evidence. Consequently, appellant has not met her burden of proof in establishing that her claimed conditions were causally related to her employment.

Appellant may submit new evidence or argument with a 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 has not met her burden of proof in establishing that she developed or sustained shoulder and lumbar conditions in the performance of her federal job duties.

ORDER

IT IS HEREBY ORDERED THAT the February 26, 2013 decision of the Office of Workers' Compensation Programs be affirmed.

Issued: September 9, 2013
Washington, DC

Richard J. Daschbach, Chief Judge
Employees' Compensation Appeals Board

Patricia Howard Fitzgerald, Judge
Employees' Compensation Appeals Board

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

¹² See 5 U.S.C. § 8101(2).