

stress could contribute to her hypertension, was sufficient to establish her claim. Appellant notes that her left eye vision loss due to stress and hypertension is 20/100.

FACTUAL HISTORY

On April 16, 2013 appellant, then a 61-year-old personnel operations specialist, filed an occupational disease claim alleging that on June 21, 2012 she first became aware of her central retinal vein occlusion and first realized that her condition was caused by a confrontation she had with her supervisor which led to military police questioning both of them. She claimed that this stressful event also caused her extremely high blood pressure.²

In a June 21, 2012 medical report, Dr. Pahmeier noted appellant's increased blood pressure and extreme sensitivity to light. He advised that she had otherwise specified central retinal vein occlusion and macular edema. Dr. Pahmeier stated that there was a need for better blood pressure control.

Also, on June 21, 2012 Dr. Antonio R. Fontanella, a Board-certified internist, reported that appellant could return to work on July 2, 2012. Appellant was restricted from strenuous activity.

By letter dated April 23, 2013, OWCP advised appellant that the evidence submitted was insufficient to establish her claim. It addressed the medical and factual evidence she needed to submit to establish her claim.

On May 8, 2013 appellant attributed her claimed condition to work-related stress resulting from verbal abuse by Ms. Barkley during a discussion regarding employee promotions. She claimed that stressful events elevated her blood pressure which had improved.³

Appellant submitted a military police report dated June 6, 2012 which indicated on that date it was notified by 911 about a verbal dispute between appellant and Ms. Barkley regarding employee promotions. The dispute did not result in a physical altercation and the chain of command resolved the situation.

In a June 26, 2012 report, Dr. Warren A. Thompson, a Board-certified ophthalmologist, evaluated appellant for a central retinal vein occlusion in the left eye. Appellant had noticed a vision change in this eye approximately two weeks prior. Dr. Thompson reported that her visual acuity was 20/20 in the right eye and could count fingers at four feet in the left eye. Appellant had a very prominent central retinal vein occlusion in the left eye with numerous cotton wool spots and central macular edema. Fluorescein angiography confirmed the diagnosis of an ischemic central retinal vein occlusion. Dr. Thompson treated appellant's condition with an intravitreal Triesence injection and planned to follow her very closely over the next several

² On the claim form, Tonya Barkley, chief of the human resources department, stated that appellant no longer worked at the employing establishment as of April 16, 2013.

³ Appellant noted that she had filed another claim under File No. xxxxxx996 for stress due to work overload. She filed a grievance alleging that she was not fairly treated. Appellant stated that the instant claim was filed as an extension of her claim assigned File No. xxxxxx996.

months. He advised that her long-term prognosis was very poor due to the ischemic nature of the vein occlusion.

In a May 6, 2013 report, Dr. Pahmeier provided a history that on June 21, 2012 appellant presented with complaints of vision loss in the left eye. He listed findings on physical examination. A dilated fundus examination revealed a central retinal vein occlusion and macular edema in the left eye. Dr. Pahmeier stated that the most common causes of central retinal vein occlusion were hypertension, diabetes and polycythemia. He noted that appellant reportedly had problems keeping her blood pressure under control. Dr. Pahmeier also noted the treatment she received from Dr. Thompson for her central retinal vein occlusion and stated that over the following months her vision improved to 20/80 in the left eye. He advised that appellant's left eye vision would probably not improve beyond the 20/80 visual acuity level. Dr. Pahmeier opined that her employment did not cause her central retinal vein occlusion. He believed that appellant's poorly controlled hypertension likely caused her condition. Dr. Pahmeier noted multiple factors that could cause hypertension which included, lifestyle, family history, being overweight, dietary habits and stress. He stated that if appellant was encountering stress on her job this could contribute to her hypertension, but it was not the sole cause of her hypertension. Dr. Pahmeier advised that she was certainly employable to perform office-type work with her current level of visual acuity. Appellant was not a good candidate for jobs that required high levels of visual acuity and stereopsis such as, a pilot or surgeon.

In a June 25, 2013 decision, OWCP denied appellant's claim. It found that the medical evidence was insufficient to establish that she sustained a medical condition causally related to the accepted employment factor.

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 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

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

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

⁶ *S.P.*, 59 ECAB 184, 188 (2007).

diagnosed condition is causally related to the employment factors identified by the employee.⁷ The medical evidence required to establish a causal relationship is rationalized medical opinion evidence. The opinion of the physician must be based on a complete factual and medical background of the employee, must be one of reasonable 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 employee.⁸ Neither the fact that appellant's condition became apparent during a period of employment nor her belief that the condition was caused by her employment, is sufficient to establish a causal relationship.⁹

ANALYSIS

OWCP accepted as factual that appellant was involved in a verbal altercation with her supervisor in June 2012 while working as a personnel operations specialist. While the work incident is established, the Board finds that she failed to establish a causal relationship between any elevated hypertension and eye conditions and the established work factor.

Dr. Pahmeier's May 6, 2013 report found that appellant had central retinal vein occlusion and macular edema of the left eye, but stated that the former condition was not caused by her employment. He believed that her central retinal vein occlusion was likely caused by her poorly controlled hypertension. Dr. Pahmeier noted possible causes of hypertension which included stress and stated that if appellant encountered stress at work then this could contribute to her hypertension, but it was not the sole causative factor. He concluded that she could perform office work. Dr. Pahmeier did not opine that appellant's left eye conditions were caused or aggravated by the established work factor. Further, his opinion on the causal relationship between her hypertension and work-related stress is equivocal in nature. The Board has held that medical opinions that are speculative or equivocal in character are of diminished probative value.¹⁰ An award of compensation may not be based on surmise, conjecture or speculation.¹¹ For the stated reasons, the Board finds that Dr. Pahmeier's report lacks probative value and is insufficient to establish appellant's claim. His June 21, 2012 report is also insufficient to establish her claim in that he failed to provide a medical opinion addressing whether the established employment factor caused or aggravated her diagnosed central retinal vein occlusion and macular edema conditions. Medical evidence which does not offer any opinion regarding the cause of an employee's condition is of limited probative value.¹²

Similarly, Dr. Thompson's June 26, 2012 report which found that appellant had an ischemic central retinal vein occlusion in the left eye, is also insufficient to establish the claim as

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

⁸ *I.J.*, 50 ECAB 408 (2008); *Woodhams*, *supra* note 5 at 351-52 (1989).

⁹ *Kathryn Haggerty*, 45 ECAB 383, 389 (1994).

¹⁰ *D.D.*, 57 ECAB 734, 738 (2006); *Kathy A. Kelley*, 55 ECAB 206 (2004).

¹¹ *Robert A. Boyle*, 54 ECAB 381 (2003); *Patricia J. Glenn*, 53 ECAB 159 (2001).

¹² *See K.W.*, 59 ECAB 271 (2007); *A.D.*, 58 ECAB 149 (2006); *Jaja K. Asaramo*, 55 ECAB 200 (2004); *Michael E. Smith*, 50 ECAB 313 (1999).

this report does not specifically address whether the employment-related verbal altercation between appellant and Ms. Barkley caused or aggravated the diagnosed condition.¹³

Dr. Fontanella's June 21, 2012 report found that appellant could return to work on July 2, 2012 with restriction. He did not provide a diagnosis that was causally related to or aggravated by the accepted employment factor. The Board finds, therefore, that Dr. Fontanella's report is insufficient to establish appellant's claim.

The Board finds that there is insufficient rationalized medical evidence of record to establish that appellant sustained hypertension and a left eye condition causally related to the accepted employment factor. Appellant did not meet her burden of proof.

On appeal, appellant contended that her eye condition was due to her physical workload and mental stress. For reasons stated above, the Board finds that the weight of the medical evidence does not establish that she sustained a left eye condition causally related to the established employment factor.

Appellant further contended on appeal that Dr. Pahmeier's May 6, 2013 opinion that her on-the-job stress could contribute to her hypertension was sufficient to establish her claim. As stated, Dr. Pahmeier's opinion on causal relationship between her hypertension and stress at work is equivocal in nature and, thus, of limited probative value and insufficient to establish her claim.

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 did not meet her burden of proof to establish that she sustained hypertension and a left eye injury causally related to factors of her federal employment.

¹³ *Id.*

ORDER

IT IS HEREBY ORDERED THAT the June 25, 2013 decision of the Office of Workers' Compensation Programs is affirmed.

Issued: January 17, 2014
Washington, DC

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

Colleen Duffy Kiko, Judge
Employees' Compensation Appeals Board

Patricia Howard Fitzgerald, Judge
Employees' Compensation Appeals Board