

**United States Department of Labor
Employees' Compensation Appeals Board**

D.H., Appellant

and

**U.S. POSTAL SERVICE, POST OFFICE,
Richmond, VA, Employer**

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**Docket No. 20-1410
Issued: December 21, 2022**

Appearances:
Appellant, pro se
Office of Solicitor, for the Director

Case Submitted on the Record

DECISION AND ORDER

Before:

PATRICIA H. FITZGERALD, Deputy Chief Judge
JANICE B. ASKIN, Judge
VALERIE D. EVANS-HARRELL, Alternate Judge

JURISDICTION

On July 12, 2020 appellant filed a timely appeal from an April 29, 2020 merit decision of the Office of Workers' Compensation Programs (OWCP). Pursuant to the Federal Employees' Compensation Act¹ (FECA) and 20 C.F.R. §§ 501.2(c) and 501.3, the Board has jurisdiction over the merits of this case.

ISSUE

The issue is whether appellant has met his burden of proof to establish a lower extremity condition causally related to the accepted factors of his federal employment.

FACTUAL HISTORY

On September 25, 2019 appellant, then a 60-year-old city letter carrier, filed an occupational disease claim (Form CA-2) alleging that he developed bilateral ankle conditions that eventually required surgery due to factors of his federal employment. He explained that he was

¹ 5 U.S.C. § 8101 *et seq.*

previously diagnosed with flat feet and underwent bilateral ankle surgery in 1990. Appellant asserted that he subsequently returned to work with restrictions that he maintained for 16 years. However, when his restrictions were lifted, his previously-diagnosed and surgically-corrected bilateral ankle condition deteriorated. Appellant noted that he first became aware of his conditions and realized their relation to his federal employment on March 13, 1990. He stopped work on June 27, 2019.

In a September 16, 2019 statement, appellant asserted that after 16 years of working under limited modified duties as a clerk, the employing establishment gradually removed his work restrictions and required him to deliver mail again as a mail carrier in 2006. He alleged that continuous repetitive motions, such as operating the gas and brake pedals of his vehicle, climbing in and out of his vehicle, and walking up and down stairs while delivering mail aggravated his preexisting bilateral foot conditions, right worse than left. Appellant indicated that he needed surgery on both feet.

In a September 26, 2019 development letter, OWCP informed appellant of the deficiencies of his claim. It advised him of the type of factual and medical evidence needed and provided a questionnaire for his completion. In a separate development letter of even date, OWCP requested that the employing establishment provide additional information regarding appellant's occupational disease claim, including comments from a knowledgeable supervisor regarding the accuracy of appellant's statements. It afforded both parties 30 days to respond.

OWCP subsequently received a July 5, 2006 report, wherein Dr. Timothy J. Zimmer, a Board-certified orthopedic surgeon, diagnosed Achilles tendinitis and flat feet. In a medical note of even date, Dr. Zimmer noted that appellant still experienced limitations with regard to his ability to walk and stand. In a prescription slip of even date, he diagnosed foot/ankle tenosynovitis. In a work capacity evaluation (Form OWCP-5c) of even date, Dr. Zimmer noted that appellant could work with restrictions.

In an August 20, 2006 medical note, Dr. Zimmer provided work restrictions.

OWCP also received a position description containing the functional requirements of appellant's work duties as a city carrier, including walking and standing up to three hours per day.

In an October 3, 2007 medical note, Dr. Zimmer indicated that appellant's x-rays of the ankle and foot demonstrated significant pes planus. In a March 28, 2008 letter, he reiterated his diagnoses and restrictions. In an April 27, 2011 medical note, Dr. Zimmer noted that increased activity caused ankle pain and indicated that appellant should continue working with some activity restrictions. In an undated duty status report (Form CA-17), an unidentifiable healthcare provider provided work restrictions and found that appellant could return to work on April 27, 2011.

An undated patient intake form noted appellant's belief that his medical condition occurred from work.

In an April 28, 2011 letter, Dr. Zimmer reiterated his diagnoses and restrictions.

An undated medical document noted that appellant presented with bilateral heel and ankle pain for years.

On a May 13, 2015 medical report, an unidentifiable healthcare provider noted that appellant had a history of bilateral plantar fasciitis and heel pain syndrome.

Dr. Zimmer diagnosed bilateral ankle osteoarthritis and prescribed one pair of custom-molded inserts in a January 23, 2017 prescription slip.

In a January 23, 2017 medical note and a series of undated medical documents, an unidentifiable healthcare provider reiterated that appellant had a history of bilateral plantar fasciitis and heel pain syndrome, as well as pes planus deformity and tenderness in the medial and lateral right ankle area.

In an undated medical report, Dr. John Kadukammakal, a podiatrist, diagnosed left ankle pain and bursitis. He, in a June 1, 2018 medical report, diagnosed bilateral foot pain and bilateral acute ankle pain, as well as mild degenerative joint disease (DJD) on both ankles. Dr. Kadukammakal explained that because of appellant's flat feet condition, his subtalar joint was unstable and had put excessive stress and strain to his ankles, causing pain and inflammation.

In a June 13, 2018 medical report, Dr. Kadukammakal reiterated appellant's medical history and his diagnoses.

On July 13, 2018 Dr. Kadukammakal noted that appellant presented with ankle pain. He conducted a physical examination and diagnosed right ankle pain, substar joint instability, acquired pes planovalgus, and bursitis of right ankle.

In an August 10, 2018 medical report, Dr. Kadukammakal reiterated his findings and diagnoses. He related that he was unsure if appellant's pain would be resolved conservatively. On September 7, 2018 Dr. Kadukammakal noted that appellant presented for right foot and ankle pain. He repeated his findings and diagnoses.

In a July 19, 2019 medical report, Dr. Kadukammakal noted that appellant's right foot surgery was postponed due to swelling in the left hand and thumb joint. He also indicated that he had previously underwent right Achilles tendon lengthening, as well as right foot cotton osteotomy and right subtalar joint fusion on July 9, 2019. Dr. Kadukammakal reiterated his previous diagnoses.

In an August 13, 2019 operative report, Dr. Kadukammakal indicated that he performed right subtalar joint arthrodesis and right cotton osteotomy. He diagnosed right pes planus deformity, right subtalar joint instability, and right foot pain. Dr. Kadukammakal, in a September 27, 2019 report, noted that appellant experienced no postoperative complications.

In an October 17, 2019 response to OWCP's development questionnaire, appellant alleged that the employing establishment removed his previous work restrictions and placed him in a carrier position. He noted that his work duties as a mail carrier including carrying mail, delivering parcels, and driving his postal vehicle, aggravated his preexisting conditions. Appellant asserted that performing continuous motions associated with his new work duties, including operating the gas and brake pedals of his vehicle, climbing in and out of his vehicle, and walking up and down stairs, gradually put stress on his ankles.

In an October 28 2019 form report, Dr. Kadukammakal diagnosed right foot and ankle pain, acquired pes planus, and other instability of foot. He indicated by checking a box marked “Yes” that the diagnosed conditions were due to injury or sickness arising out of appellant’s employment. Dr. Kadukammakal noted that appellant underwent surgery on August 13, 2019 and could return to work on December 9, 2019. In a supplemental statement of even date, he reiterated his diagnoses and provided work restrictions.

By decision dated November 12, 2019, OWCP denied appellant’s occupational disease claim, finding that the medical evidence of record was insufficient to establish that his diagnosed conditions were causally related to the accepted factors of his federal employment.

On December 2, 2019 appellant, through counsel, requested an oral hearing before a representative of OWCP’s Branch of Hearings and Review, which was held on February 25, 2020. The hearing representative held the record open for 30 days for the submission of additional evidence.

OWCP received a copy of the signatory page for the employing establishment’s offer of a modified assignment for limited-duty work, effective August 20, 2005.

Appellant resubmitted the first page of Dr. Kadukammakal’s June 1, 2018 medical report, where he related that appellant had a history of ankle problems for decades. Dr. Kadukammakal noted that appellant’s complaints of ankle pain had been occurring for three years and opined that it was aggravated by physical activity, jumping, stairs, prolonged standing, and prolonged resting.

In an August 16, 2019 medical report, Dr. Kadukammakal indicated that appellant experienced multiple postoperative complications, including bleeding, from the August 13, 2019 surgery. He conducted a physical examination and diagnosed surgical aftercare, right foot pain, and subtalar joint instability.

On October 25, 2019 Dr. Kadukammakal noted that appellant reported that his feet were hurting, worse with every step he took. He indicated that appellant experienced postoperative complications including swelling.

In a December 6, 2019 medical report, Dr. Kadukammakal indicated that appellant had been receiving physical therapy treatment and diagnosed left foot pain.

In a January 22, 2020 operative report, Dr. Kadukammakal reported that appellant underwent surgical treatment, including left subtalar joint fusion and left foot cotton osteotomy. He noted that appellant presented with chronic left foot subtalar joint instability with associated flat foot deformity and arthritis. Dr. Kadukammakal subsequently noted in a January 28, 2020 report that appellant experienced no postoperative complications.

In a March 5, 2020 report, Dr. Kadukammakal noted that appellant had been in his care since June 2018 and had preexisting bilateral pes planovalgus and subtalar joint instability. He opined that appellant’s job, which required a moderate amount of walking, standing, and driving, had put an enormous amount of pressure to both feet. Dr. Kadukammakal explained that appellant gradually developed severe arthritis in both feet and ankles, resulting in chronic pain. He indicated

that conservative measures failed to relieve appellant's pain and he underwent surgical treatments on August 13, 2019 and January 22, 2020.

By decision dated April 29, 2020, OWCP's hearing representative affirmed the November 12, 2019 decision.

LEGAL PRECEDENT

An employee seeking benefits under FECA² has the burden of proof to establish the essential elements of his or her claim, including 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 of FECA,³ that an injury was sustained in the performance of duty as alleged, and that any disability or medical condition for which compensation is claimed is 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

To establish that an injury was sustained in the performance of duty in an occupational disease claim, a claimant 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 claimant.⁶

Causal relationship is a medical issue, and the medical evidence required to establish causal relationship is rationalized medical opinion evidence.⁷ The opinion of the physician must be based on a complete factual and medical background of the employee, 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 specific employment factors identified by the employee.⁸

In any case where a preexisting condition involving the same part of the body is present and the issue of causal relationship, therefore, involves aggravation, acceleration, or precipitation,

² *Supra* note 1.

³ *J.W.*, Docket No. 18-0678 (issued March 3, 2020); *S.B.*, Docket No. 17-1779 (issued February 7, 2018); *J.P.*, 59 ECAB 178 (2007); *Joe D. Cameron*, 41 ECAB 153 (1989).

⁴ *J.S.*, Docket No. 18-0657 (issued February 26, 2020); *J.M.*, Docket No. 17-0284 (issued February 7, 2018); *James E. Chadden, Sr.*, 40 ECAB 312 (1988).

⁵ *L.J.*, Docket No. 19-1343 (issued February 26, 2020); *R.R.*, Docket No. 18-0914 (issued February 24, 2020); *Delores C. Ellyett*, 41 ECAB 992 (1990).

⁶ *S.C.*, Docket No. 18-1242 (issued March 13, 2019); *R.H.*, 59 ECAB 382 (2008).

⁷ *A.M.*, Docket No. 18-1748 (issued April 24, 2019); *T.H.*, 59 ECAB 388, 393 (2008); *Robert G. Morris*, 48 ECAB 238 (1996).

⁸ *R.G.*, Docket No. 18-0792 (issued March 11, 2020); *D.J.*, Docket No. 19-1301 (issued January 29, 2020); *I.J.*, 59 ECAB 408 (2008); *Victor J. Woodhams*, 41 ECAB 345, 352 (1989).

the physician must provide a rationalized medical opinion that differentiates between the effects of the work-related injury or disease and the preexisting condition.⁹

ANALYSIS

The Board finds that appellant has not met his burden of proof to establish a lower extremity condition causally related to the accepted factors of his federal employment.

In a March 5, 2020 report, Dr. Kadukammakal opined that appellant's job duties, which required a moderate amount of walking, standing, and driving had put an enormous amount of pressure to both feet, aggravating his preexisting bilateral pes planovalgus and subtalar joint instability. He explained that appellant had gradually developed severe arthritis in both feet and ankles, resulting in chronic pain. While Dr. Kadukammakal provided an affirmative opinion on causal relationship, he did not provide sufficient rationale to explain how or why the accepted employment factors caused or contributed to appellant's diagnosed conditions. The Board has held that a report is of limited probative value regarding causal relationship if it does not contain medical rationale explaining how a given medical condition/disability was related to employment factors.¹⁰ Dr. Kadukammakal's March 5, 2020 report is therefore insufficient to establish the claim.¹¹

In his form report and supplemental statement dated October 28 2019, Dr. Kadukammakal diagnosed right foot and ankle pain, acquired pes planus, and other instability of foot. He checked a box marked "Yes" indicating that the diagnosed conditions were caused or aggravated by the described employment incident. However, the Board has held that checking a box marked "Yes" in a form report, without additional explanation or rationale, is of limited probative value on the issue of causal relationship.¹² This report is, therefore, insufficient to establish appellant's claim.

In a June 1, 2018 medical report, Dr. Kadukammakal noted that appellant had a history of ankle problems for decades. He diagnosed mild DJD of both ankles and opined that it was aggravated by physical activity, jumping, climbing stairs, prolonged standing, and prolonged resting. Dr. Kadukammakal, however, did not identify specific work duties which allegedly caused or contributed to appellant's DJD, nor did he offer medical rationale explaining how or why he opined that appellant's work activities could result in the diagnosed condition. The Board

⁹ Federal (FECA) Procedure Manual, Part 2 -- Claims, *Causal Relationship*, Chapter 2.805.3e (January 2013); see *L.C.*, Docket No. 19-1301 (issued January 29, 2020); *R.D.*, Docket No. 18-1551 (issued March 1, 2019).

¹⁰ See *Y.D.*, Docket No. 16-1896 (issued February 10, 2017) (a report is of limited probative value regarding causal relationship if it does not contain medical rationale describing the relation between work factors and a diagnosed condition/disability).

¹¹ *B.S.*, Docket No. 20-0927 (issue January 29, 2021); *C.D.*, Docket No. 20-0858 (issued November 30, 2020).

¹² *D.S.*, Docket No. 20-0638 (issued November 17, 2020).

has held that a medical opinion is of limited value if it is conclusory in nature.¹³ Thus, this report is also insufficient to establish appellant's claim.

In a series of medical reports dated July 5, 2006 through January 23, 2017, Dr. Zimmer provided multiple diagnoses including significant bilateral pes planus and bilateral ankle osteoarthritis. Similarly, in Dr. Kadukammakal's medical reports dated from July 13, 2018 to January 22, 2020, he provided multiple diagnoses related to appellant's feet and indicated that appellant underwent surgical treatments. However, neither physician offered an opinion on causal relationship. The Board has held that medical evidence that does not offer an opinion regarding the cause of an employee's condition is of no probative value on the issue of causal relationship.¹⁴ As such, these medical reports are insufficient to establish the claim.

In an August 20, 2006 medical note, Dr. Zimmer provided work restrictions. In partial medical reports dated June 13, 2018, September 27, 2019, and January 28, 2020, Dr. Kadukammakal noted that appellant experienced no postoperative complications. They, however, did not offer an opinion on causal relationship. The Board has held that medical notes which do not provide an opinion on causal relationship are of no probative value.¹⁵ Therefore, this evidence is insufficient to establish appellant's claim.

In an April 27, 2011 medical note, an April 28, 2011 letter, an October 25, 2019 medical report, and a December 6, 2019 medical report, Dr. Kadukammakal diagnosed bilateral ankle and foot pain. As noted above, medical notes which do not provide an opinion on causal relationship are of no probative value.¹⁶ This evidence is therefore also insufficient to establish appellant's claim.

OWCP also received a series of reports from an unidentifiable healthcare provider.¹⁷ The Board has held that reports that are unsigned or that bear illegible signatures cannot be considered probative medical evidence because they lack proper identification as the author cannot be identified as a physician.¹⁸ Accordingly, this medical evidence is insufficient to satisfy appellant's burden of proof.

¹³ *R.R.*, Docket No. 19-0714 (issued August 8, 2019); *M.E.*, Docket No. 18-0330 (issued September 14, 2018); *A.D.*, 58 ECAB 149 (2006).

¹⁴ *S.J.*, Docket No. 19-0696 (issued August 23, 2019); *M.C.*, Docket No. 18-0951 (issued January 7, 2019); *see L.B.*, Docket No. 18-0533 (issued August 27, 2018); *D.K.*, Docket No. 17-1549 (issued July 6, 2018); *Charles H. Tomaszewski*, 39 ECAB 461 (1988).

¹⁵ *Id.*

¹⁶ *Id.*

¹⁷ 20 C.F.R. § 10.331(a) provides that use of medical report forms is not required; however, the report should bear the physician's signature or signature stamp.

¹⁸ *D.T.*, Docket No. 20-0685 (issued October 8, 2020); *W.L.*, Docket No. 19-1581 (issued August 5, 2020); *Merton J. Sills*, 39 ECAB 572, 575 (1988).

As the medical evidence of record is insufficient to establish a lower extremity condition causally related to the accepted factors of federal employment, the Board finds that appellant has not met his burden of proof.

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 his burden of proof to establish a lower extremity condition causally related to the accepted factors of his federal employment.

ORDER

IT IS HEREBY ORDERED THAT the April 29, 2020 decision of the Office of Workers' Compensation Programs is affirmed.

Issued: December 21, 2022
Washington, DC

Patricia H. Fitzgerald, Deputy Chief Judge
Employees' Compensation Appeals Board

Janice B. Askin, Judge
Employees' Compensation Appeals Board

Valerie D. Evans-Harrell, Alternate Judge
Employees' Compensation Appeals Board