

FACTUAL HISTORY

On August 8, 2024 appellant, then a 40-year-old industrial specialist, filed a traumatic injury claim (Form CA-1) alleging that on August 7, 2024 he experienced heat exhaustion, which caused him to pass out while in the performance of duty. He stopped work on August 7, 2024.

In support of his claim, appellant submitted emergency room reports dated August 7, 2024 noting that he was seen for syncope. Dr. Alfred L. Woodard, Jr., a Board-certified emergency room physician, described the alleged August 7, 2024 employment incident and reviewed appellant's medical history, lab results, and diagnostic tests. He related that appellant had heat-related symptoms and had experienced a syncopal event at work.

In a work excuse dated August 12, 2024, Stephanie Carr, a certified family nurse practitioner, released appellant to return to work on August 13, 2024.

In an August 15, 2024 development letter, OWCP informed appellant of the deficiencies of his claim. It advised him of the types of factual and medical evidence needed, provided a questionnaire for his completion, as well as an attending physician's report (Form CA-20) for his physician's completion. OWCP afforded appellant 60 days to respond. In a separate development letter of even date, it requested that the employing establishment provide additional information. OWCP afforded the employing establishment 30 days to respond.

In response appellant submitted additional evidence including hospital records and an August 7, 2024 computerized tomography (CT) scan report noting clinical indication of syncope and finding no acute intracranial abnormality and mild chronic sinusitis. He also submitted an August 7, 2024 electrocardiograph (EKG) report indicating abnormal R-wave progression, late transition, left ventricular hypertrophy, and ST elevation.

OWCP also received an unsigned August 13, 2024 patient care summary report from a medical provider which related that appellant was seen for an emergency room follow-up visit. Appellant's medical records were reviewed, and concern was noted for possible heat stroke *versus* vasovagal *versus* new onset seizure. Recommendations included avoiding strenuous activity and exposure to extreme heat until a diagnosis was confirmed. Findings were related as dyspnea on exertion, syncope and collapse, visual disturbance, palpitations, retinal vascular occlusion, and fatigue.

In an attending physician's report (Form CA-20), which was signed on September 4, 2024, Dr. Joseph M. Jackson, III, a Board-certified family medicine physician, diagnosed palpitations, syncope, and collapse. He reported that appellant collapsed at work "after standing in the heat for an extended period of time." Dr. Jackson explained prolonged exposure to heat can lead to increased demands of the body including possibly triggering heat stroke *versus* vasovagal syncope.

In a follow-up letter dated September 17, 2024, OWCP informed appellant that it had conducted an interim review, and the evidence remained insufficient to establish his claim. It noted that he had 60 days from the August 15, 2024 letter to submit the requested supporting evidence. OWCP further indicated that if the evidence was not received during this time, it would issue a decision based on the evidence contained in the record. No further evidence was received.

By decision dated October 17, 2024, OWCP denied appellant's claim finding the evidence insufficient to establish a medical condition causally related to the accepted August 7, 2024 employment incident.

LEGAL PRECEDENT

An employee seeking benefits under FECA has the burden of proof to establish 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 of FECA,² 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.³ 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.⁴

To determine if an employee has sustained a traumatic injury in the performance of duty, OWCP begins with an analysis of whether fact of injury has been established. Fact of injury consists of two components that must be considered in conjunction with one another. The first component is whether the employee experienced the employment incident at the time and place, and in the manner alleged.⁵ The second component is whether the employment incident caused an injury.⁶

Causal relationship is a medical question that requires rationalized medical opinion evidence to resolve the issue.⁷ A physician's opinion on whether there is causal relationship between the diagnosed condition and the implicated employment factor(s) must be based on a complete factual and medical background.⁸ Additionally, the physician's opinion must be expressed in terms of a reasonable degree of medical certainty, and must be supported by medical rationale explaining the nature of the relationship between the diagnosed condition and appellant's specific employment factor(s).⁹

² *K.B.*, Docket No. 24-0352 (issued May 16, 2024); *L.H.*, Docket No. 22-0449 (issued November 8, 2022); *S.B.*, Docket No. 17-1779 (issued February 7, 2018); *J.P.*, 59 ECAB 178 (2007); *Joe D. Cameron*, 41 ECAB 153 (1989).

³ *K.B.*, *id.*; *L.S.*, Docket No. 19-1769 (issued July 10, 2020); *Jacqueline M. Nixon-Steward*, 52 ECAB 140 (2000).

⁴ *K.B.*, *id.*; *K.M.*, Docket No. 15-1660 (issued September 16, 2016); *L.M.*, Docket No. 13-1402 (issued February 7, 2014); *Delores C. Ellyett*, 41 ECAB 992 (1990).

⁵ *K.B.*, *id.*; *B.P.*, Docket No. 16-1549 (issued January 18, 2017); *Elaine Pendleton*, 40 ECAB 1143 (1989).

⁶ *K.B.*, *id.*; *M.H.*, Docket No. 18-1737 (issued March 13, 2019); *John J. Carlone*, 41 ECAB 354 (1989).

⁷ *T.H.*, 59 ECAB 388, 393 (2008); *Robert G. Morris*, 48 ECAB 238 (1996).

⁸ *M.V.*, Docket No. 18-0884 (issued December 28, 2018).

⁹ *B.C.*, Docket No. 20-0221 (issued July 10, 2020); *Leslie C. Moore*, 52 ECAB 132 (2000).

ANALYSIS

The Board finds that appellant has not met his burden of proof to establish a medical condition causally related to the accepted August 7, 2024 events.

In an August 7, 2024 emergency department report, Dr. Woodard diagnosed syncope and collapse. Syncope, commonly referred to as fainting, is a symptom, not firm diagnoses of a medical condition.¹⁰ Further, Dr. Woodard did not diagnose any conditions caused by or related to appellant's episode of syncope. Medical reports lacking a firm diagnosis and a rationalized medical opinion regarding causal relationship are of no probative value.¹¹ As such, Dr. Woodard's August 7, 2024 report is insufficient to establish appellant's claim.

In a Form CA-20 dated September 4, 2024, Dr. Jackson noted that appellant collapsed at work due to standing for an extending period of time in the heat. He explained that prolonged heat exposure can lead to increased demands of the body including possibly trigger heat stroke versus vasovagal syncope. Dr. Jackson's explanation that increased demands on the body from heat exposure can possibly cause heat stroke versus vasovagal syncope is speculative in nature. The Board has held that medical opinions that are speculative or equivocal are of diminished probative value.¹² Dr. Jackson also did not offer any medical rationale explaining how a specific medical diagnosis was causally related to appellant's accepted employment exposure on August 7, 2024. The Board has held that medical opinion evidence should offer a medically-sound explanation of how the specific employment incident physiologically caused the diagnosis.¹³ Lacking an unequivocal and rationalized explanation, Dr. Jackson's September 4, 2024 report is insufficient to meet appellant's burden of proof.¹⁴

OWCP received a work slip by Ms. Carr, a certified nurse practitioner. However, certain healthcare providers such as nurses and physician assistants are not considered physicians as

¹⁰ *D.S.*, Docket No. 25-0034 (issued November 18, 2024).

¹¹ *See T.S.*, Docket No. 24-0605 (issued August 23, 2024); *A.C.*, Docket No. 20-1510 (issued April 23, 2021); *J.P.*, Docket No. 20-0381 (issued July 28, 2020); *R.L.*, Docket No. 20-0284 (issued June 30, 2020).

¹² Federal (FECA) Procedure Manual, Part 2 -- Claims, *Developing and Evaluating Medical Evidence*, Chapter 2.810.5(c)(3); *R.J.*, Docket No. 20-1630 (issued April 27, 2021); *D.S.*, Docket No. 20-0384 (issued October 8, 2020); *H.A.*, Docket No. 18-1455 (issued August 23, 2019).

¹³ *See T.W.*, Docket No. 20-0767 (issued on January 13, 2021); *H.A.*, *id.*; *L.R.*, Docket No. 16-0736 (issued September 2, 2016).

¹⁴ *See C.B.*, Docket No. 20-0464 (issued July 21, 2020).

defined under FECA.¹⁵ Consequently, their medical findings or opinions will not suffice for purposes of establishing entitlement to FECA benefits.¹⁶

The evidence of record also contains an August 13, 2024 patient summary report form from a medical provider with no signature or identification of the author. The Board has found that medical evidence lacking proper identification is of no probative medical value and is insufficient to meet appellant's burden of proof.¹⁷

Appellant additionally submitted the results of diagnostic testing. However, the Board has held that diagnostic studies, standing alone, lack probative value on the issue of causal relationship as they do not provide an opinion as to whether the accepted employment factors caused a diagnosed condition.¹⁸ Consequently, this evidence is insufficient to meet appellant's burden to establish a medical condition causally related to the accepted August 7, 2024 employment incident.

As appellant has not submitted rationalized medical evidence establishing a medical condition causally related to the accepted August 7, 2024 employment incident, the Board finds that he has not met his burden of proof to establish his 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 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 medical condition causally related to the accepted August 7, 2024 events.

¹⁵ Section 8101(2) of FECA provides that medical opinions can only be given by a qualified physician. This section defines a physician as surgeons, podiatrists, dentists, clinical psychologists, optometrists, chiropractors, and osteopathic practitioners within the scope of their practice as defined by state law. 5 U.S.C. § 8101(2); 20 C.F.R. § 10.5(t). See Federal (FECA) Procedure Manual, Part 2 -- Claims, *Causal Relationship*, Chapter 2.805.3a(1) (May 2023); *L.S.*, Docket No. 19-1231 (issued March 30, 2021) (a physician assistant and nurse practitioner are not considered physicians as defined under FECA); *David P. Sawchuk*, 57 ECAB 316, 320 n.11 (2006) (lay individuals such as physician assistants, nurses, and physical therapists are not competent to render a medical opinion under FECA).

¹⁶ *G.C.*, Docket No. 24-0672 (issued September 16, 2024); *K.A.*, Docket No. 18-0999 (issued October 4, 2019); *K.W.*, 59 ECAB 271, 279 (2007); *David P. Sawchuk*, *id.*

¹⁷ *R.F.*, Docket No. 24-0112 (issued April 15, 2024); *T.S.*, Docket No. 23-0772 (issued March 28, 2024); *Thomas L. Agee*, 56 ECAB 465 (2005); *Richard F. Williams*, 55 ECAB 343 (2004); *Merton J. Silks*, 39 ECAB 572, 575 (1988).

¹⁸ See *M.P.*, Docket No. 23-1131 (issued June 18, 2024); *V.A.*, Docket No. 21-1023 (issued March 6, 2023); *M.K.*, Docket No. 21-0520 (issued August 23, 2021).

ORDER

IT IS HEREBY ORDERED THAT the October 17, 2024 decision of the Office of Workers' Compensation Programs is affirmed.

Issued: December 6, 2024
Washington, DC

Alec J. Koromilas, Chief Judge
Employees' Compensation Appeals Board

Janice B. Askin, Judge
Employees' Compensation Appeals Board

James D. McGinley, Alternate Judge
Employees' Compensation Appeals Board