United States Department of Labor
Employees' Compensation Appeals Board

K.B., Appellant	)	
and	)	**Docket No. 24-0352**
	)	**Issued: May 16, 2024**
U.S. POSTAL SERVICE, LEESBURG POST OFFICE, Columbia, SC, Employer	)	

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

Case Submitted on the Record

DECISION AND ORDER

Before:
JANICE B. ASKIN, Judge
VALERIE D. EVANS-HARRELL, Alternate Judge
JAMES D. McGINLEY, Alternate Judge

JURISDICTION

On February 21, 2024 appellant filed a timely appeal from a January 19, 2024 merit decision of the Office of Workers' Compensation Programs (OWCP). Pursuant to the Federal Employees' Compensation Act[1] (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 an injury in the performance of duty on September 22, 2022, as alleged.

FACTUAL HISTORY

On October 9, 2023 appellant, then a 50-year-old mail handler, filed a traumatic injury claim (Form CA-1) alleging that on September 22, 2022 at 4:30 p.m., he suffered a heart attack, stroke, brain aneurysm, and torn meniscus of the left knee when, after returning his mail truck keys

[1] 5 U.S.C. § 8101 *et seq*.

to his office, he walked out the employing establishment door, and collapsed while in the performance of duty. He stopped work on that date and returned on September 13, 2023. On the reverse side of the Form CA-1, appellant's supervisor checked a box indicating that appellant was not injured in the performance of duty, explaining that appellant was "off the clock" when he passed out due to the heart attack and stroke. Appellant's regular work schedule was noted as Mondays through Saturdays from 7:00 a.m. through 3:30 p.m.

In an October 16, 2023 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 an undated statement received on November 3, 2023, appellant recounted the events of September 22, 2022. He stated that while he was leaving work to return home, he realized in the parking lot of the employing establishment that he had the keys to his postal vehicle in his pocket. Appellant turned around to return the keys. He acknowledged that he was "off the clock" at this time, but stated that he was on the grounds of the employing establishment. Appellant explained that he had not submitted his claim earlier because he thought he passed out on public property. He returned to work on September 13, 2023. The events following returning his keys and exiting the building were relayed to him by coworkers. During the collapse, he fell towards a coworker, C.C., who caught him and prevented him from hitting his head on the ground. However, his left knee did hit the ground. Appellant stated that the impact of his knee hitting the ground tore the left meniscus. He noted that he could barely walk over a year later and that it would require surgical intervention. Appellant stated that his right knee had begun to bother him due to compensating for the condition of his left knee.

In an undated statement received on November 3, 2023, C.C. recounted the events of September 22, 2022. She noted that while appellant walked out from double doors at the employing establishment, he looked at her and laughed, then fell towards her. C.C. caught him and guided him to the ground, protecting his head, as he trembled and began to have trouble breathing. Appellant's body twisted as it hit the ground. C.C. and another co-worker moved him to his left side to keep his airway open. She rubbed his chest and performed chest compressions until an ambulance arrived. Appellant shook and foamed at the mouth. The ambulance arrived within approximately five minutes. Appellant stopped breathing and emergency medical technicians applied a defibrillator three times before he was stable enough for transportation to a hospital.

In an undated statement received on November 3, 2023, T.F., a coworker, recounted the events of September 22, 2022. He saw another coworker approaching appellant before appellant fell to the ground. T.F. called emergency services and saw a coworker performing chest compressions on appellant. Other coworkers returned to the office to help appellant until the ambulance arrived and took him to the hospital.

In an undated statement received on November 3, 2023, A.B., a relative of appellant, explained that on September 22, 2022, she received a call that appellant had passed out at work and was en route to emergency medical services. When she arrived, she was notified that appellant

was in surgery after experiencing a heart attack and stroke. A.B. also saw appellant that day after the surgery, when appellant was in the intensive care unit.

In a report dated September 22, 2022, Dr. Patrick Hall, a cardiologist, indicated that appellant presented post-cardiac arrest requiring cardioversion, and post-return of spontaneous circulation. On arrival to the emergency room, an electrocardiogram (EKG) demonstrated acute inferior elevation myocardial infarction. On physical examination, Dr. Hall observed normal readings of the cardiovascular system and normal musculoskeletal findings. Dr. Hall recommended emergent left heart catheterization with possible percutaneous coronary intervention (PCI).

In a report dated September 25, 2022, Dr. Rebecca Napier, a cardiologist, noted tachycardia on physical examination. She diagnosed an out-of-hospital cardiac arrest; inferior ST-elevation myocardial infarction (STEMI) post-complex PCI to the right coronary artery; acute systolic heart failure; acute hypoxemic respiratory failure; anoxic encephalopathy; and pneumonia. At that time, Dr. Napier assessed appellant as still critically ill.

In a discharge report dated October 11, 2022, Dr. April Stubbs, a family medicine specialist, noted a principal problem of an encounter for percutaneous endoscopic gastrotomy, and diagnosed cardiac arrest with ventricular fibrillation, STEMI of the inferior wall, acute respiratory failure with hypoxia, acute encephalopathy, swelling of the lower extremities, rhabdomyolysis, parietal lobe infarction, and acute left deep vein thrombosis (DVT) of the axillary vein. On physical examination, she observed normal cardiovascular activity and no edema of the lower extremities.

In an attached neurosurgery office visit note dated February 6, 2023, M.M., a nurse practitioner, examined appellant post-placement of stents to treat his aneurysm. Dr. Roham Moftakhar, a neurosurgery specialist, reviewed and counter-signed the February 6, 2023 note. Appellant stated that he had a torn left meniscus and that he continued to have left knee pain with some paresthesia to the left thigh. On musculoskeletal physician examination, M.M. observed reduced hip flexion, dorsiflexion, and plantar flexion. M.M. assessed two aneurysms of the left internal carotid artery following cardiac arrest on September 22, 2022.

On April 19, 2023 appellant underwent left carotid artery angiography by Dr. Moftakhar, which revealed findings of left anterior carotid wall aneurysm.

In progress notes dated May 18, 2023, Dr. Silas Holmes, Jr., a Board-certified orthopedic surgeon, examined appellant to follow up on his left knee condition. A magnetic resonance imaging (MRI) scan of appellant's left knee demonstrated a posterior horn meniscus tear. He diagnosed a left medial meniscus tear. Dr. Holmes recommended a left knee arthroscopic partial medial meniscectomy.

On October 26, 2023 Dr. Raymond Wong, an internist, examined appellant and completed an attending physician's report (Form CA-20). He noted that appellant had fallen while hospitalized. On physical examination of the left knee, Dr. Wong observed tenderness, edema, reduced range of motion, and limping. He diagnosed a tear of the medial meniscus of the left knee.

Dr. Wong opined that appellant's left knee diagnosis was not caused or aggravated by employment activity. He noted that appellant was totally disabled commencing October 26, 2023.

In a follow-up letter dated November 21, 2023, OWCP advised appellant that it had performed an interim review of the case file, and the evidence remained insufficient to establish his claim. It advised him of the types of factual and medical evidence needed and noted that he had 60 days from the October 16, 2023 letter to submit the requested supporting evidence. OWCP further advised that if the evidence was not received during this time, it would issue a decision based on the evidence contained in the record.

In a note dated December 7, 2023, Dr. Wong explained that on September 22, 2022, appellant suffered cardiac arrest in the parking lot of the employing establishment. When he collapsed due to the cardiac arrest, it caused a left knee injury, later diagnosed as a medial meniscus tear of the left knee. Dr. Wong stated that appellant struggled with prolonged standing and walking with the left leg. Following the cardiac arrest and during hospitalization, appellant had a stroke leading to left hemiparesis, from which he gradually recovered. During diagnostic imaging for the stroke, an aneurysm was incidentally discovered, which was later stented by a neurosurgeon. This treatment required an extended period of therapy with anti-platelet medication. Due to the extended anti-platelet therapy, appellant was unable to receive surgery to repair the medial meniscus tear of the left knee. Dr. Wong recommended work restrictions of no prolonged hours of standing or walking at work until he underwent surgery and had been cleared by the orthopedic surgeon.

In progress notes dated October 4 through 6, 2022, Dr. Hall diagnosed cardiac arrest with ventricular fibrillation, STEMI of the inferior wall, acute respiratory failure with hypoxia, acute encephalopathy, swelling of the lower extremities, rhabdomyolysis, and parietal lobe infarction. He reviewed appellant's treatment for heart attack and stroke. Dr. Hall noted on October 6, 2022 that appellant would require in-patient rehabilitation for some period of time. Dr. Stubbs composed substantially similar notes on the same dates.

In a note dated October 11, 2022, Dr. Guillermo Pineda, a cardiologist, summarized appellant's history of medical treatment. He noted that appellant had been admitted following an out-of-hospital cardiac arrest in the form of ventricular fibrillation related to an acute inferior wall STEMI. Appellant's condition was identified as a totally occluded proximal right coronary artery and underwent percutaneous coronary intervention without complications. Thereafter, he had mild hypoxic encephalopathy, resulting in difficulty swallowing and intubation. Additionally, appellant had a cerebrovascular accident (CBA) with associated left-sided paresis. He was discharged on October 11, 2022 the date of Dr. Pineda's attestation.

In a hospital discharge summary dated October 25, 2022, Dr. Kareem, a physiatrist, reviewed the history of appellant's treatment for heart attack and stroke and his rehabilitation. He noted that in the course of appellant's rehabilitation, he was diagnosed with a left knee ligament injury.

On October 28, 2022 J.M., a registered nurse, noted that appellant had fallen since his admission to the hospital.

By decision dated January 19, 2024, OWCP denied appellant's claim. It accepted that the September 22, 2022 incident occurred as alleged and that a medical condition had been diagnosed in connection with the event. However, OWCP found that appellant failed to establish that the alleged injury occurred while in the performance of duty. It found that his collapse and fall was due to an idiopathic incident, which was considered to be a personal nonoccupational pathology without intervention or contribution by a factor of employment and, therefore, the injury was not considered compensable.

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

[2] *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] *L.S.*, Docket No. 19-1769 (issued July 10, 2020); *Jacqueline M. Nixon-Steward*, 52 ECAB 140 (2000).

[4] *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] *B.P.*, Docket No. 16-1549 (issued January 18, 2017); *Elaine Pendleton*, 40 ECAB 1143 (1989).

[6] *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).

rationale explaining the nature of the relationship between the diagnosed condition and appellant's specific employment factor(s).[9]

It is a well-settled principle of workers' compensation law, and the Board has so held, that an injury resulting from an idiopathic fall -- where a personal, nonoccupational pathology causes an employee to collapse and to suffer injury upon striking the immediate supporting surface, and there is no intervention or contribution by any hazard or special condition of employment -- is not within coverage of FECA.[10] Such an injury does not arise out of a risk connected with the employment and is, therefore, not compensable. The Board has made equally clear, the fact that the cause of a particular fall cannot be ascertained or that the reason it occurred cannot be explained, does not establish that it was due to an idiopathic condition.

This follows from the general rule that an injury occurring on the industrial premises during working hours is compensable unless the injury is established to be within an exception to such general rule.[11] OWCP has the burden of proof to submit medical evidence showing the existence of a personal nonoccupational pathology if it chooses to make a finding that a given fall is idiopathic in nature.[12] If the record does not establish that the particular fall was due to an idiopathic condition, it must be considered as merely an unexplained fall, one which is distinguishable from a fall in which it is definitely proved that a physical condition preexisted and caused the fall.[13]

ANALYSIS

The Board finds that appellant has not met his burden of proof to establish an injury in the performance of duty on September 22, 2022, as alleged.

In determining whether appellant's injury occurred in the performance of duty, the Board must first consider factors to determine whether the September 22, 2022 incident was caused by an idiopathic fall. Factors to be considered include whether there is evidence of a predisposed condition that caused him to collapse, whether there were any intervening circumstances or conditions that contributed to his fall, and whether he struck any part of his body aga inst a wall, piece of equipment, furniture, or similar object as he fell.

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

[10] *L.H.*, *supra* note 2; *D.R.*, Docket No. 19-0954 (issued October 25, 2019); *H.B.*, Docket No. 18-0278 (issued June 20, 2018); *see Carol A. Lyles*, 57 ECAB 265 (2005).

[11] *H.B., id.*; *Dora J. Ward*, 43 ECAB 767, 769 (1992); *Fay Leiter*, 35 ECAB 176, 182 (1983).

[12] *A.B.*, Docket No. 17-1689 (issued December 4, 2018); *P.P.*, Docket No. 15-0522 (issued June 1, 2016); *see also Jennifer Atkerson*, 55 ECAB 317 (2004).

[13] *H.B.*, *supra* note 10; *John R. Black*, 49 ECAB 624 (1998); *Judy Bryant*, 40 ECAB 207 (1988); *Martha G. List*, 26 ECAB 200 (1974).

The Board finds that the medical evidence of record is sufficient to establish that appellant's fall on September 22, 2022 was due to a personal, nonoccupational pathology without employment contribution.

On December 7, 2023 Dr. Wong explained that on September 22, 2022, appellant suffered cardiac arrest on the premises of the employing establishment. When he collapsed due to the cardiac arrest, it caused a medial meniscus tear of the left knee. All other medical reports of record recounting appellant's history of injury concur with Dr. Wong's description of events. The statements of appellant and appellant's coworkers, too, are consistent with Dr. Wong's explanation of events. The Board, therefore, finds that the evidence of record is sufficient to establish that appellant's fall was caused by his heart attack. There is no evidence of record suggesting that appellant's heart attack was caused or aggravated by any factors of his federal employment. As such, the fall was idiopathic.

Further, the Board finds that the evidence of record is insufficient to show that appellant experienced an intervention or contribution by any hazard or special condition of employment. Appellant alleged that his left knee medial meniscus tear occurred when his left knee struck the ground when he fell on September 22, 2022.

This description of events, in which appellant's left knee struck the ground after his heart attack and/or stroke, does not establish an intervention or contribution by any hazard or special condition of employment. His knee was described as damaged by its collision with the ground. As such, appellant's idiopathic fall of September 22, 2022 is noncompensable.[14] Accordingly, he has not met his burden of proof to establish an injury in the performance of duty on September 22, 2022, as alleged.

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 an injury in the performance of duty on September 22, 2022, as alleged.

[14] *See L.H.*, Docket No. 22-0449 (issued November 8, 2022); *P.N.*, Docket No. 17-1283 (issued April 5, 2018).

ORDER

IT IS HEREBY ORDERED THAT the January 19, 2024 decision of the Office of Workers' Compensation Programs is affirmed.

Issued: May 16, 2024
Washington, DC

Janice B. Askin, Judge
Employees' Compensation Appeals Board

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

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