

² 5 U.S.C. § 8101 *et seq.*

ISSUES

The issues are: (1) whether appellant has met his burden of proof to establish a medical condition in connection with the accepted June 17, 2024 employment incident; and (2) whether OWCP properly denied appellant's request for a review of the written record as untimely.

FACTUAL HISTORY

On June 20, 2024 appellant, then a 61-year-old city carrier, filed a traumatic injury claim (Form CA-1) alleging that on June 17, 2024 he suffered heat stroke and/or dehydration while in the performance of duty. He stopped work and received medical treatment on the date of injury. On the reverse side of the claim form, appellant's supervisor indicated that appellant was injured in the performance of duty. He returned to work on June 20, 2024.

In a June 19, 2024 after-visit summary, Dr. Robert Kent Wilson, an osteopath and an internist, performed a hospital discharge follow up for presyncope, dehydration, and acute kidney injury (AKI). He advised that appellant's symptoms resolved with fluid resuscitation and a return-to-work note was provided. In a June 19, 2024 note, Dr. Wilson indicated that appellant was hospitalized and treated overnight from June 17 to 18, 2024. He advised that appellant's symptoms had improved and that he could return to work with no restrictions on June 20, 2024.

In a June 25, 2024 development letter, OWCP notified 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 along with an attending physician's report (Form CA-20) for his physician to complete. OWCP afforded appellant 60 days to respond.

In response, appellant submitted a July 11, 2024 statement in which he indicated that he was working a 12-hour assignment on June 17, 2024, which started at 8:30 a.m., and the temperature that day had reached over 100 degrees. He noted that he was exposed to high heat and the sun during the day delivering his mail route on foot and that at approximately 8:00 p.m. he started to sweat and breathe heavily, became fatigued and vomited. Appellant related that coworkers transported him back to the office and he was transported by ambulance to the hospital. He indicated that he was treated for dehydration and was admitted to the hospital. On June 19, 2024 appellant visited Dr. Wilson for a follow-up examination and returned to full-duty work on June 20, 2024. A medical appointment verification for July 16, 2024 was also submitted.

In a July 16, 2024 Form CA-20, Dr. Wilson indicated that on June 17, 2024 appellant, a mail carrier, was working outside all day in the heat. He diagnosed dehydration, AKI, and presyncope, which he opined were caused directly by employment activity. Dr. Wilson further opined that appellant was disabled from June 17 to 19, 2024. He indicated that when he first examined appellant on June 19, 2024, he had fully recovered from his conditions.

In a follow-up letter dated July 23, 2024, OWCP advised 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 June 25, 2024 development 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.

Hospital progress notes dated June 17 through 18, 2024 were received. In a June 17, 2024 note, Dr. Atilio Atencio, an emergency medical physician, reported that appellant presented with presyncopal episode. Appellant reported feeling unwell all day during his job as a mailman with generalized weakness and lightheadedness that worsened to the point of being unable to continue to work. He also reported acute onset of nausea followed by an episode of forceful vomiting and worsening lightheadedness. A clinical impression of near syncope, dehydration, AKI, and leukocytosis was provided. In a June 18, 2024 note, Dr. Mohammad Iqbal, a Board-certified internist, noted that appellant was admitted to the hospital on June 17, 2024. He reported the history of injury as appellant, a mailman, was in the heat today and felt very dehydrated, felt lightheaded and nauseated, and vomited a few times. Dr. Iqbal presented findings on examination, laboratory testing and diagnostic studies. An assessment of dehydration, prerenal AKI, leukocytosis, erythrocytosis, and consistent with (c/w) hemoconcentration was provided. In a June 18, 2024 discharge summary, Dr. Hafsa Baig, a Board-certified internist, provided a discharge diagnosis of dehydration. In her synopsis, she noted that appellant, a mailman, was in the heat today and felt very dehydrated, felt lightheaded and nauseated, and vomited a few times. Appellant was admitted for dehydration, prerenal AKI, leukocytosis, erythrocytosis, and c/w hemoconcentration. Copies of a June 17, 2024 electrocardiogram and various laboratory testing of June 17 and 18, 2024 were also received.

In a June 19, 2024 progress note, Dr. Wilson indicated that appellant presented for hospital follow up for presyncope, dehydration, and AKI. He noted that appellant is employed as a letter carrier and temperatures that day were quite hot. Fluid resuscitation improved symptoms and renal function. Dr. Wilson set forth examination findings, and opined appellant's symptoms resolved with fluid resuscitation.

In a July 16, 2024 report, Dr. Wilson, in pertinent part, summarized the June 17, 2024 heat incident and appellant's hospital stay on June 17 through 18, 2024, where he was diagnosed with AKI, dehydration, and presyncope. He noted that laboratory tests normalized with intravenous fluid resuscitation and appellant was discharged from the hospital on June 18, 2024. Dr. Wilson stated that during appellant's June 19, 2024 follow-up examination, he was found to have recovered and cleared to return to full duty on June 20, 2024. He noted that appellant continues to do well and has not experienced any of the same previous symptoms.

By decision dated August 26, 2024, OWCP accepted that appellant had established the occurrence of the June 17, 2024 employment incident, as alleged. However, it denied his claim, finding that the medical evidence did not contain a diagnosis in connection with the accepted employment incident. As such, OWCP concluded that the requirements had not been met to establish an injury as defined by FECA.

On September 26, 2024 appellant requested a review of the written record before a representative of OWCP's Branch of Hearings and Review.

By decision dated October 3, 2024, OWCP denied appellant's request for a review of the written record, finding that it was untimely filed. It further exercised its discretion and determined that the issue in the case could equally well be addressed by a request for reconsideration before OWCP along with the submission of new evidence.

LEGAL PRECEDENT -- ISSUE 1

An employee seeking benefits under FECA³ 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 filed within the applicable time limitation of FECA,⁴ that an injury was sustained while in the performance of duty as alleged, and that any disability or specific condition for which compensation is claimed is causally related to the employment injury.⁵ 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.⁶

To determine whether a federal employee has sustained a traumatic injury in the performance of duty, it first must be determined whether fact of injury has been established.⁷ Fact of injury consists of two components that must be considered in conjunction with one another. The first component is whether the employee actually experienced the employment incident at the time and place, and in the manner alleged.⁸ The second component is whether the employment incident caused an injury.⁹

Causal relationship is a medical issue and the medical evidence required to establish causal relationship is 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 incident.¹⁰ 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 causal relationship.¹¹

ANALYSIS -- ISSUE 1

The Board finds that this case is not in posture for decision.

³ *Id.*

⁴ *S.C.*, Docket No. 18-1242 (issued March 13, 2019); *J.P.*, 59 ECAB 178 (2007); *Joe D. Cameron*, 41 ECAB 153 (1989).

⁵ *T.H.*, Docket No. 18-1736 (issued March 13, 2019); *R.C.*, 59 ECAB 427 (2008).

⁶ *T.E.*, Docket No. 18-1595 (issued March 13, 2019); *Delores C. Ellyett*, 41 ECAB 992 (1990).

⁷ *S.S.*, Docket No. 18-1488 (issued March 11, 2019); *T.H.*, 59 ECAB 388 (2008).

⁸ *E.M.*, Docket No. 18-1599 (issued March 7, 2019); *Bonnie A. Contreras*, 57 ECAB 364 (2006).

⁹ *Id.*

¹⁰ *See S.S.*, *supra* note 7; *H.B.*, Docket No. 18-0781 (issued September 5, 2018).

¹¹ *J.L.*, Docket No. 18-1804 (issued April 12, 2019).

OWCP has accepted that on June 17, 2024 appellant worked from approximately 8:30 a.m. to 8:00 p.m. delivering mail, predominately on foot, in temperatures that reached over 100 degrees. In support of his claim, appellant submitted hospital records from June 17 and 18, 2024 which noted that he was a mailman who was in the heat on June 17, 2024 and felt dehydrated, lightheaded, and nauseated, and had vomited a few times. The records reflect that appellant was admitted to the hospital on June 17, 2024 with diagnoses of dehydration, prerenal AKI, leukocytosis, erythrocytosis, and c/w hemoconcentration and discharged on June 18, 2024 with a diagnosis of dehydration. In his July 16, 2024 Form CA-20, Dr. Wilson noted the history of the June 17, 2024 incident. He opined that the diagnosed dehydration, AKI and presyncope were caused directly by employment activity. The Board therefore finds that appellant established a diagnosis in connection with accepted June 17, 2024 employment incident.¹²

OWCP has not reviewed the medical evidence of record on the issue of whether the established diagnosis of dehydration, AKI and presyncope are causally related to the accepted June 17, 2024 employment incident. Therefore, the case will be remanded to OWCP for consideration of the medical evidence on the issue of causal relationship. Following such further development as deemed necessary, OWCP shall issue a *de novo* decision.¹³

CONCLUSION

The Board finds that this case is not in posture for decision.

¹² See *R.P.*, Docket No. 20-0173 (issued May 21, 2020).

¹³ In light of the Board's disposition of Issue 1, Issue 2 is rendered moot.

ORDER

IT IS HEREBY ORDERED THAT the August 26, 2024 decision of the Office of Workers' Compensation Programs is reversed and this case is remanded for further proceedings consistent with this decision of the Board. The October 3, 2024 decision of the Office of Workers' Compensation Programs is set aside as moot.

Issued: January 29, 2025
Washington, DC

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

Janice B. Askin, Judge
Employees' Compensation Appeals Board

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