U. S. DEPARTMENT OF LABOR

Employees' Compensation Appeals Board

In the Matter of JESSE R. CLARK <u>and</u> DEPARTMENT OF THE NAVY, NAVAL PUBLIC WORKS CENTER, Pensacola, FL

Docket No. 99-1100; Submitted on the Record; Issued October 19, 2000

DECISION and **ORDER**

Before MICHAEL J. WALSH, WILLIE T.C. THOMAS, A. PETER KANJORSKI

The issue is whether appellant has met his burden of proof to establish that his esophageal condition and cardiac arrhythmias are causally related to his March 28, 1996 employment injury.

On March 29, 1996 appellant, then a 52-year-old instrument mechanic, filed a notice of traumatic injury claim (Form CA-1) for an electrical shock he received on March 28, 1996 while working on a speed drive for an electric pump. The Office of Workers' Compensation Programs accepted the claim for electrical shock and paid appropriate benefits.¹

In progress notes dated April 12, May 30 and July 22, 1996, Dr. Gregory W. Natello, appellant's treating physician, Board-certified in cardiovascular disease, internal medicine, and interventional cardiology, diagnosed chest pain which was noncardiac in origin and heart palpitation. Dr. Natello opined that the heart palpitations were coincidental and unrelated to his accepted employment injury. In progress notes dated April 9, 1996, Dr. Natello diagnosed cardiac damage with arrhythmia and noted "[r]ecent electrical shock, described with subsequent onset of symptoms; uncertain significance and relationship."

In progress notes dated June 25, 1996, Dr. Daniel Scott Finelli, an attending gastroenterologist, diagnosed recurrent chest pain and upper abdominal pain. The physician noted that "[i]t is of note that he did receive an electrical shock a few weeks ago and basically he has had the chest pain, and possibly the upper abdominal pain, since then."

In progress notes dated July 22, 1996, Dr. Finelli indicated that appellant's chest wall pain and esophageal spasm were improving. Regarding appellant's esophageal problems and chest pain, the physician noted appellant "had had a previous history of an electrical shock prior

¹ On July 22, 1997 the Office of Personnel Management approved appellant's disability retirement request.

to the onset of these symptoms" and that an esophageal motility study revealed findings which might indicate nutcracker esophagus.

In a letter decision dated May 4, 1998, the Office found that appellant had failed to establish that his esophageal condition was due to his accepted employment injury.

In a letter dated June 22, 1998, appellant requested reconsideration and noted that medical reports had been submitted subsequent to the denial of his claim.

By decision dated August 18, 1998, the Office denied appellant's request for modification. The Office found that the medical evidence of record failed to contain a rationalized medical opinion establishing a causal connection between an esophageal or any other disability and appellant's accepted March 28, 1996 employment injury.

Appellant requested reconsideration in an undated letter, which was received by the Office on September 25, 1998, and submitted evidence in support of his request.

By merit decision dated November 5, 1998, the Office denied appellant's request for reconsideration on the basis that the record did not contain a rationalized medical opinion supporting that appellant's disability was due to his employment injury.

The Board finds that appellant has not met his burden of proof to establish that his esophageal condition and cardiac arrhythmias are causally related to his March 28, 1996 employment injury.

An award of compensation may not be based on surmise, conjecture, speculation or appellant's belief of causal relationship.² A person who claims benefits under the Federal Employees' Compensation Act³ has the burden of establishing the essential elements of his or her claim.⁴ Appellant must establish that she sustained an injury in the performance of duty and that her disability resulted from such injury.⁵ As part of this burden, a claimant must present rationalized medical opinion evidence based on a complete factual and medical background showing causal relationship.⁶ Rationalized medical opinion evidence is medical evidence which includes a physician's rationalized opinion on the issue of whether there is a causal relationship between the claimant's diagnosed condition and the implicated employment factors. The opinion of the physician must be based on a complete factual and medical background of the claimant,⁷ must be one of reasonable medical certainty,⁸ and must be supported by medical

² William Nimitz, Jr., 30 ECAB 567 (1979).

³ 5 U.S.C. §§ 8101-8193.

⁴ Nathaniel Milton, 37 ECAB 712 (1986).

⁵ Daniel R. Hickman, 34 ECAB 1220 (1983).

⁶ Mary J. Briggs, 37 ECAB 578 (1986).

⁷ See supra note 2.

⁸ See Morris Scanlon, 11 ECAB 384 (1960).

rationale explaining the nature of the relationship between the diagnosed condition and the specific employment factors identified by the claimant. The mere manifestation of a condition during a period of employment does not raise an inference of causal relationship between the condition and the employment. Neither the fact that the condition became apparent during a period of employment nor appellant's belief that the employment caused or aggravated her condition is sufficient to establish causal relationship. 11

In the instant case, the record contains no rationalized medical opinion supporting a causal relationship between appellant's arrthymias and esophageal condition and his accepted March 28, 1996 employment injury. Dr. Natello opined, in progress notes dated April 12, May 30 and July 22, 1996, that the heart palpitations were coincidental and unrelated to his accepted employment injury. In progress notes dated July 22, 1996, Dr. Finelli s noted appellant "had had a previous history of an electrical shock prior to the onset of these symptoms." His opinion is insufficient as the physician provided no opinion supported by medical rationale explaining how appellant's disability was causally related to his accepted employment injury. These reports are not sufficient to meet appellant's burden of proof as Dr. Natello specifically opined that there was no causal connection between his employment injury and his heart palpitations. Dr. Finelli's report is similarly insufficient as the physician noted that appellant had no symptoms prior to his employment injury nor did the physician provide an opinion, supported by medical rationale, that establishes a causal relationship between appellant's current condition and his employment-related injury. Without any explanation or rationale for the conclusion reached, such report is insufficient to establish causal relationship. An award of compensation may not be based on surmise, conjecture or speculation, or upon appellant's belief that there is a causal relationship between his condition and his employment.

⁹ Victor J. Woodhams, 41 ECAB 345 (1989); William E. Enright, 31 ECAB 426 (1980).

¹⁰ Edward E. Olson, 35 ECAB 1099 (1984).

¹¹ Bruce E. Martin, 35 ECAB 1090 (1984).

The decisions of the Office of Workers' Compensation Programs dated November 5, August 18 and May 4, 1998 are hereby affirmed.

Dated, Washington, DC October 19, 2000

> Michael J. Walsh Chairman

Willie T.C. Thomas Member

A. Peter Kanjorski Alternate Member