

U. S. DEPARTMENT OF LABOR

Employees' Compensation Appeals Board

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In the Matter of LADONNA F. WATSON and U.S. POSTAL SERVICE,  
VILLAGE STATION POST OFFICE, Los Angeles, CA

*Docket No. 01-691; Submitted on the Record;  
Issued November 13, 2001*

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DECISION and ORDER

Before WILLIE T.C. THOMAS, MICHAEL E. GROOM,  
PRISCILLA ANNE SCHWAB

The issue is whether appellant has met her burden of proof in establishing that her disability from January 10 to April 26, 2000 was causally related to her June 24, 1999 employment injury.

On June 24, 1999 appellant, then a 32-year-old letter carrier, was reaching with her left arm to grasp mail when she felt a pop in her left shoulder. She filed a claim for left shoulder pain. Dr. Antonie Roberts diagnosed an impingement syndrome of the left shoulder. The Office of Workers' Compensation Programs accepted appellant's claim for a left shoulder strain. Appellant was placed on limited duty but did not stop working.

In a July 19, 1999 report, Dr. Roberts stated that appellant had slight to intermittently moderate pain in the left shoulder, predominantly over the anterior aspect. He noted that pain became severe with lifting, pushing, pulling, overhead reaching and powerful gripping or grasping. Dr. Roberts noted that appellant complained of popping, clicking and grinding in the shoulder and some numbness and tingling in the left arm. He referred appellant for a magnetic resonance imaging (MRI) scan. Subsequently, Dr. Roberts reported that the MRI scan results were normal but inconsistent with appellant's findings in examination. He referred the MRI scan to be reread. In a November 1, 1999 report, Dr. Roberts indicated that, on review, the MRI scan showed fluid in the subcoracoid and bicipital regions.

Appellant stopped working on January 10, 2000 and filed a claim for compensation. In a January 10, 2000 report, Dr. Roberts stated that appellant had continued impingement of the left shoulder and bicipital tendinitis and bursitis. He noted that appellant was performing modified work but stated that she was temporarily totally disabled. In a March 27, 2000 report, Dr. Roberts stated that appellant was unable to perform repetitive reaching above her shoulder. He added that appellant was awaiting surgery and remained temporarily totally disabled.

In an April 26, 2000 decision, the Office denied appellant's claim for compensation on the grounds that appellant had failed to submit any medical evidence showing an objective change in her medical condition, which prevented her from performing limited-duty work.

Dr. Roberts subsequently submitted a March 29, 2000 report on appellant's left shoulder surgery. He indicated that arthroscopic examination showed fraying of the left rotator cuff and revealed a loose body that was removed from the shoulder. Dr. Roberts performed a debridement of the shoulder with removal of soft tissue on the undersurface of the acromion and an acromioplasty.

In an April 28, 2000 letter, appellant requested reconsideration. In an April 28, 2000 report, Dr. Roberts indicated that, in his January 10, 2000 report, he had noted appellant was working modified duty. Dr. Roberts stated that appellant, however, had increased symptoms in the left shoulder due to repetitive motion. He, therefore, removed appellant from work, pending an arthroscopy of the left shoulder. Dr. Roberts noted that appellant continued to be temporarily totally disabled.

In a May 11, 2000 merit decision, the Office denied appellant's request for modification of the April 26, 2000 decision. In a June 13, 2000 letter, the Office indicated that it would begin payment of temporary total disability compensation effective April 26, 2000.

In an undated letter, appellant again requested reconsideration. She submitted in support of her request a June 1, 2000 report from Dr. Roberts who stated that appellant was temporarily totally disabled after January 10, 2000 due to impingement syndrome and strain of the left shoulder. He related the conditions to appellant's June 24, 1999 employment injury. In a July 14, 2000 merit decision, the Office again denied appellant's request for modification of the May 11, 2000 decision.

In a July 31, 2000 report, Dr. Roberts indicated that appellant could return to modified duty with restrictions of no lifting more than five pounds, no forceful pushing or pulling, no repetitive use of the left shoulder and no reaching above shoulder height. He stated that appellant could reach only two hours a day and could not case mail. Dr. Roberts commented that appellant might be able to return to full active duty on August 7, 2000. Appellant returned to limited-duty work on August 7, 2000. The employing establishment terminated her employment on September 8, 2000 on the grounds that she was unable to perform the duties of the position for which she was hired.

In an October 6, 2000 letter, appellant again requested reconsideration. Appellant submitted in support of her request an October 5, 2000 report from Dr. Roberts who indicated that his examination on January 10, 2000 revealed evidence of impingement and a decreased range of motion. He reported that appellant's range of motion as of January 10, 2000 was shoulder abduction of 100 degrees, flexion of 110 degrees and internal rotation of 45 degrees. Dr. Roberts stated that the range of motion had decreased from prior examinations. He stated that appellant could not continue working at that time without incurring further damage to her shoulder.

In an October 20, 2000 merit decision, the Office denied appellant's request for modification of the prior decisions.

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

A person who claims benefits under the Federal Employees' Compensation Act<sup>1</sup> has the burden of establishing the essential elements of her claim. Appellant has the burden of establishing by reliable, probative and substantial evidence that her medical condition was causally related to a specific employment incident or to specific conditions of employment.<sup>2</sup> As part of such burden of proof, rationalized medical opinion evidence showing causal relation must be submitted.<sup>3</sup> The mere fact that a condition manifests itself or worsens during a period of employment does not raise an inference of causal relationship between the condition and the employment.<sup>4</sup> Such a relationship must be shown by rationalized medical evidence of causal relation based upon a specific and accurate history of employment incidents or conditions which are alleged to have caused or exacerbated a disability.<sup>5</sup>

In this case, the Office found that appellant did not establish she was disabled as of January 10, 2000 because her physician, Dr. Roberts, gave contradictory accounts on whether appellant was totally disabled or could perform the modified work duties that she had been performing since the employment injury. In his January 10, 2000 report, however, Dr. Roberts stated that, while appellant had been performing modified work duties, in his opinion, she was totally disabled as of the time of his report. In an April 28, 2000 report, Dr. Roberts explained that he had removed appellant from work because her left shoulder condition was worsening due to repetitive motion.

In his October 5, 2000 report, Dr. Roberts stated that he had found appellant's range of motion in the left shoulder to be decreasing. He, therefore, had appellant stop working to avoid incurring further damage to the left shoulder. Dr. Roberts generally related appellant's condition to the employment injury. He, therefore, provided an explanation for his conclusion that appellant was temporarily totally disabled beginning January 10, 2000. His reports were uncontradicted by any other medical evidence of record. Dr. Roberts' reports, while insufficient to establish that appellant's disability from January 10 to April 26, 2000 was causally related to the employment injury, have sufficient probative value to require further development of appellant's claim.<sup>6</sup>

On remand, the Office should refer appellant, a statement of accepted facts and the case record to an appropriate physician for an examination. The physician should be requested to

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<sup>1</sup> 5 U.S.C. §§ 8101-8193.

<sup>2</sup> *Margaret A. Donnelly*, 15 ECAB 40, 43 (1963).

<sup>3</sup> *Daniel R. Hickman*, 34 ECAB 1220, 1223 (1983).

<sup>4</sup> *Juanita C. Rogers*, 34 ECAB 544, 546 (1983).

<sup>5</sup> *Edgar L. Colley*, 34 ECAB 1691, 1696 (1983).

<sup>6</sup> *John J. Carlone*, 41 ECAB 354 (1989).

give a diagnosis of appellant's condition and give his opinion, based on the medical evidence of record, whether appellant's disability from January 10 to April 26, 2000 was causally related to the June 24, 1999 employment injury. After further development as it may find necessary, the Office should issue a *de novo* decision.

The decisions of the Office of Workers' Compensation Programs, dated October 20, July 14, May 11 and April 26, 2000, are hereby set aside and the case is remanded for further action as set forth in this decision.

Dated, Washington, DC  
November 13, 2001

Willie T.C. Thomas  
Member

Michael E. Groom  
Alternate Member

Priscilla Anne Schwab  
Alternate Member