

U. S. DEPARTMENT OF LABOR

Employees' Compensation Appeals Board

In the Matter of GLENDA J. TRAPT and DEPARTMENT OF THE TREASURY,
INTERNAL REVENUE SERVICE, Florence, KY

*Docket No. 02-1610; Submitted on the Record;
Issued January 17, 2003*

DECISION and ORDER

Before ALEC J. KOROMILAS, DAVID S. GERSON,
WILLIE T.C. THOMAS

The issue is whether appellant sustained an injury due to exposure of blood on February 7, 2002 in the performance of duty.

On March 5, 2002 appellant, then a 40-year-old team leader, filed a traumatic injury claim alleging that, on February 7, 2002, her left hand was exposed to blood when she assisted a coworker with his bleeding arm. Appellant lost no time from work.

Accompanying the claim was an attending physician's report dated February 15, 2002 from Dr. Eric Morse, a Board-certified physician in physical medicine and rehabilitation, who indicated that on February 8, 2002 he ordered blood tests per protocol for appellant's exposure to another person's body fluid.

In a letter dated March 15, 2002, the Office of Workers' Compensation Programs advised appellant that the information provided was insufficient to establish the claim, noting that exposure to blood was not considered a secure diagnosis. The Office requested that appellant provide a diagnosis and clinical course of treatment from her physician related to the claimed employment injury.

In response, appellant submitted a narrative report from Dr. Morse dated February 15, 2002, who noted that appellant was seen again for evaluation following blood tests given due to blood exposure. He related appellant's history, that she was exposed to blood on the back of her left hand after helping a coworker, who was apparently on dialysis and wore an arm shunt that began leaking blood. Dr. Morse reported that all of appellant's blood tests were negative and no abnormalities were found. He indicated that appellant was counseled and that she might consider getting a tetanus shot and hepatitis B vaccination series soon.

By decision dated April 29, 2002, the Office denied appellant's claim on the grounds that the evidence was insufficient to establish that she sustained an injury due to the claimed event as required by the Federal Employees' Compensation Act. The Office found that, although

appellant was exposed to blood, a potential health hazard, the medical evidence did not establish a secure diagnosis or medical condition arising from that event. The Office, therefore, found that medical treatment at the Office's expense was not authorized and prior authorization, if any was terminated.

On appeal, appellant argues that she was encouraged to get blood tests by the paramedics who arrived after her blood exposure on February 7, 2002, because 90 percent of people on dialysis have hepatitis and that the coworker that she assisted had also once been a drug user. She indicated that she had the blood tests done and one follow-up appointment in order to get her results.

The Board finds that the evidence fails to establish that appellant had any condition or disability causally related to her employment beginning February 7, 2002.

In order to determine whether an employee sustained a traumatic injury in the performance of duty, the Office begins with an analysis of whether "fact of injury" has been established. Generally, fact of injury consists of two components that must be considered in conjunction with one another. The first component to be established is that the employee actually experienced the employment incident that is alleged to have occurred.¹ The second component is whether the employment incident caused a personal injury.²

An award of compensation may not be based on surmise, conjecture or speculation. Neither the fact that appellant's condition became apparent during a period of employment nor the belief that the condition was caused, precipitated or aggravated by her employment is sufficient to establish a causal relationship.³ Causal relationship is a medical question that can generally be resolved only by rationalized medical opinion evidence.⁴ A physician's opinion on the issue of whether there is a causal relationship between the claimant's diagnosed condition and the implicated employment factors must be based on a complete factual and medical background of the claimant.⁵ Additionally, in order to be considered rationalized, the 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 the claimant's specific employment factors.⁶

In the present case, the Office found that appellant was exposed to blood while assisting a coworker with his arm on February 7, 2002; however, it found that the medical evidence was insufficient to establish an injury resulting from the event.

¹ *Elaine Pendleton*, 40 ECAB 1143 (1989).

² *John J. Carlone*, 41 ECAB 354 (1989).

³ *Robert G. Morris*, 48 ECAB 238, 239 (1996).

⁴ *Id.*

⁵ *Victor J. Woodhams*, 41 ECAB 345, 352 (1989).

⁶ *Id.*

The medical documentation submitted by appellant was comprised of an attending physician and narrative report from Dr. Morse. Neither report contained any diagnosis, discussion or opinion regarding appellant's exposure to blood during the February 7, 2002 employment event, but merely reported that appellant underwent blood tests which all returned negative. To be of probative value to an employee's claim, the physician must provide rationale for the opinion reached. Where no such rationale is present, the medical opinion is of diminished probative value.⁷ Appellant has not submitted any rationalized medical evidence to establish that she sustained a condition causally related to factors of her employment. She, therefore, has failed to meet her burden of proof.

Based on the instant application for review, it is apparent that appellant seeks reimbursement for medical expenses related to the February 7, 2002 event, including treatment by Dr. Morse. The Board finds that appellant is entitled to reimbursement for, or payment of, expenses incurred for medical treatment from March 6, 2002, the date the employing establishment official signed Form CA-16, which is authorization for examination and/or treatment, to April 29, 2002 when the Office denied the claim and terminated authorization of medical treatment. By Form CA-16, authorization for examination and/or treatment, signed by an employing establishment official on March 6, 2002, the employing establishment authorized Dr. Morse to provide medical care for a period of up to 60 days. This authorization for medical treatment created a contractual obligation to pay for the cost of necessary medical treatment regardless of the action taken on the claim.⁸

The decision of the Office of Workers' Compensation Programs dated April 29, 2002 is affirmed as modified.

Dated, Washington, DC
January 17, 2003

Alec J. Koromilas
Chairman

David S. Gerson
Alternate Member

Willie T.C. Thomas
Alternate Member

⁷ *Lucrecia M. Nielsen*, 42 ECAB 83 (1991).

⁸ See *Robert F. Hamilton*, 41 ECAB 431 (1990); *Frederick J. Williams*, 35 ECAB 805 (1984); 20 C.F.R. § 10.300.