United States Department of Labor Employees' Compensation Appeals Board

E.B., Appellant)
and) Docket No. 06-1611
DEPARTMENT OF THE TREASURY, BUREAU OF THE PUBLIC DEBT,) Issued: November 7, 2000
San Francisco, CA, Employer)))
Appearances: Appellant, pro se	Case Submitted on the Record

Office of Solicitor, for the Director

DECISION AND ORDER

Before:
ALEC J. KOROMILAS, Chief Judge
DAVID S. GERSON, Judge
MICHAEL E. GROOM, Alternate Judge

JURISDICTION

On July 3, 2006 appellant filed a timely appeal of a June 20, 2006 merit decision of the Office the Workers' Compensation Programs. Pursuant to 20 C.F.R. §§ 501.2(c) and 501.3(d)(2), the Board has jurisdiction over the merits of this case.

ISSUE

The issue is whether appellant has established a cardiac condition causally related to his federal employment.

FACTUAL HISTORY

On June 16, 2006 appellant, then a 57-year-old former district director, filed an occupational disease claim (Form CA-2) alleging that he sustained a cardiac ischemia as a result of his federal employment. The claim form indicated that appellant retired from federal employment in September 2003.

In a narrative statement, appellant indicated that he sustained a right knee injury. In preparation for surgery, an electrocardiogram in February 2005 revealed a prior heart attack. Appellant stated that in the summer of 2001 he was having problems with an employee who was apparently using a government credit card for personal use, and at that time he had symptoms that included nausea and dizziness. His physician felt that he had a heart attack during that time and the employment incidents probably were the cause.

Appellant submitted reports dated September 1 and November 2, 2005 from Dr. Ann Mostow, a cardiologist. The notes on the report are illegible. In response to a request for additional evidence, appellant submitted a report dated March 15, 2006 from Dr. Timothy Williams, a cardiologist, who provided a history and results on examination. Dr. Williams indicated that appellant described an incident in 2001 when he was driving over a bridge and had symptoms including diaphoresis and nausea. He noted that diagnostic testing revealed decreased function in the inferior wall of the heart, likely due to a heart attack. According to Dr. Williams, it was impossible to determine the timing of the heart attack, but "it does, however, seem plausible" that it occurred during the bridge incident.

In a statement dated March 15, 2006, appellant indicated that, in July 2001, a member of his staff had requested reimbursement for travel expenses that appeared to include personal expenses. The situation was resolved over the next month, but caused anxiety and delayed finding a suitable facility for a scheduled meeting.

By decision dated June 20, 2006, the Office denied the claim for compensation. The Office found that the medical evidence was insufficient to establish the claim.

LEGAL PRECEDENT

A claimant seeking benefits under the Federal Employees' Compensation Act¹ has the burden of establishing the essential elements of his claim by the weight of the reliable, probative and substantial evidence, including that an injury was sustained in the performance of duty as alleged and that any specific condition or disability claimed is causally related to the employment injury.²

To establish that an injury was sustained in the performance of duty, a claimant must submit a factual statement identifying employment factors alleged to have caused or contributed to the presence or occurrence of the disease or condition, medical evidence establishing the presence or existence of the disease or condition for which compensation is claimed, and medical evidence establishing that the diagnosed condition is causally related to the employment factors identified by the claimant.³

¹ 5 U.S.C. §§ 8101-8193.

² 20 C.F.R. § 10.115(e), (f) (2005); see Jacquelyn L. Oliver, 48 ECAB 232, 235-36 (1996).

³ Ruby I. Fish, 46 ECAB 276, 279 (1994).

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 appellant's specific employment factors.⁶

ANALYSIS

Appellant noted on appeal that he had filed a claim for a hand condition, as well as a cardiac condition. The June 20, 2006 Office decision refers to medical evidence that is relevant to the hand condition. The record in the claim for a cardiac condition that is before the Board on this appeal, OWCP File No. 092069428, does include some orthopedic medical evidence. It is not clear, however, whether appellant contends that relevant evidence as to a cardiac condition was not included in the cardiac claim case file, as he does not refer to any specific medical evidence that is not included in the case record submitted to the Board. The jurisdiction of the Board is limited to the evidence that was before the Office at the time of its final decision.

With respect to the factual evidence, the Office does not appear to contest that, as part of appellant's job duties, in July 2001 he had to resolve a problem involving a staff member claiming travel reimbursement for personal use. Appellant contends that this contributed to a heart attack. The medical evidence, however, does not contain a reasoned medical opinion on the issue. Probative medical evidence consists of an accurate factual and medical history, an opinion on causal relationship between the identified employment factors and a diagnosed condition, with medical rationale to support the opinion. There is no such probative evidence in this case. Dr. Williams, for example, did not discuss any employment factors or provide an opinion on causal relationship. The notes of Dr. Mostow also fail to address the issue of how appellant's federal employment caused or contributed to his condition.

It is appellant's burden of proof to submit the evidence necessary to establish his claim. In the absence of probative medical evidence, the Board finds that appellant did not meet his burden of proof in this case.

⁴ See Robert G. Morris, 48 ECAB 238 (1996).

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

⁶ *Id*.

⁷ The record contains, for example, an April 6, 2006 report from Dr. Michael Walker, an orthopedic surgeon. Appellant also objected to the June 20, 2006 decision referring to him as a letter carrier, but that reference was simply a summary of the facts in another Board decision cited by the Office to support its finding in this case.

⁸ 20 C.F.R. § 501.2(c).

CONCLUSION

The record does not establish that appellant sustained a cardiac condition causally related to his federal employment.

<u>ORDER</u>

IT IS HEREBY ORDERED THAT the decision of the Office of Workers' Compensation Programs dated June 20, 2006 is affirmed.

Issued: November 7, 2006 Washington, DC

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

David S. Gerson, Judge Employees' Compensation Appeals Board

Michael E. Groom, Alternate Judge Employees' Compensation Appeals Board