



repetitive grasping, reaching above shoulder, and pulling and pushing mail for almost four years. Appellant alleged that his claimed conditions began on January 25, 2010 and that he first became aware of the injuries and their relation to his work on March 8, 2010. He stopped work on October 30, 2010.

OWCP received two surgical reports. In a June 10, 2011 report, Dr. Jack A. Stehr, a Board-certified orthopedic surgeon, performed a right shoulder acromioplasty and repair of the supraspinatus tendon. He diagnosed a tear of the right supraspinatus tendon. In an April 17, 2012 report, Dr. Stehr noted performing a decompressive acromioplasty and repair of the left shoulder. He diagnosed a tear of the left rotator cuff. OWCP also received unsigned treatment notes dating from September 28, 2009 to March 29, 2012.

On June 19, 2012 appellant telephoned OWCP inquired about a schedule award. OWCP advised him that this was premature until his claim was adjudicated.

By letter dated June 21, 2012, OWCP advised appellant that additional evidence was needed to establish his claim. Appellant was requested to provide a physician's opinion supported by a medical explanation as to how the work factors caused the claimed conditions.

In a July 9, 2012 statement, appellant indicated that he completed a rehabilitation program and returned to modified work on December 8, 2005 where he was assigned to hand casing.<sup>2</sup> He indicated that for almost four years he sorted mail by hand. Appellant alleged that the repetitive motion increased the pain in both hands and shoulders. He indicated that he had surgery on his right hand on December 10, 2009 due to arthritis, which he "endured for almost 10 years." Appellant indicated that he had surgery on the right arm on June 10, 2011 and the left on April 12, 2012. He attributed his conditions to the repetitive job duties. Appellant also explained that he initially believed that his condition was related to his right hand arthritis.

In a July 26, 2012 report, Dr. Stehr noted that he saw appellant on September 28, 2009 with complaints of a several year history of right shoulder pain. He indicated that appellant originally sustained a right clavicle fracture in 2002 during a carjacking. Dr. Stehr noted that the fracture healed but appellant continued to have shoulder pain. He indicated that appellant also had a history of arthritis in his thumbs and was also diagnosed with adhesive capsulitis of his right shoulder. Dr. Stehr noted that appellant underwent a right rotator cuff repair on June 10, 2011. He advised that he last saw appellant on July 9, 2012 after his left rotator cuff repair on April 17, 2012. Dr. Stehr indicated that his left shoulder was improving. He also explained that appellant believed that his bilateral rotator cuff tears were secondary to cumulative trauma from his work at the employing establishment as a processing clerk, which required sorting of mail by hand and pushing and pulling a four post carrier. Dr. Stehr recommended that appellant avoid prolonged overhead work or heavy lifting/pushing with both arms.

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<sup>2</sup> The record indicates that appellant has a separate claim number xxxxxx966, for which he has received wage-loss compensation since December 10, 2009. Claim number xxxxxx966 is not presently before the Board.

By decision dated August 22, 2012, OWCP denied appellant's claim. It found that the medical evidence did not demonstrate that the claimed medical conditions were related to established work-related events.

On August 29, 2012 appellant requested a hearing, which was held on February 11, 2013. In a letter dated March 30, 2013, he requested that OWCP send him for a second opinion examination. Appellant explained that when he requested a rationalized report from Dr. Stehr, indicating that he did not know the cause of the injury and suggested a second opinion from another physician.

Appellant also provided a February 1, 2010 magnetic resonance imaging (MRI) scan report of the right shoulder, which revealed a near full-thickness tear of the supraspinatus tendon at its insertion. A January 20, 2012 left shoulder MRI scan report noted a near full-thickness tear of the supraspinatus tendon at its insertion.

By decision dated April 8, 2013, an OWCP hearing representative affirmed the August 22, 2012 decision.

### **LEGAL PRECEDENT**

An employee seeking benefits under FECA<sup>3</sup> has the burden of establishing the essential elements of his or her claim including the fact that the individual is an "employee of the United States" within the meaning FECA, that the claim was timely filed within the applicable time limitation period of FECA, that an injury was sustained in the performance of duty as alleged and that any disability and/or specific condition for which compensation is claimed are causally related to the employment injury.<sup>4</sup> These are the essential elements of each and every compensation claim regardless of whether the claim is predicated upon a traumatic injury or an occupational disease.<sup>5</sup>

To establish that an injury was sustained in the performance of duty in an occupational disease claim, a claimant must submit the following: (1) medical evidence establishing the presence or existence of the disease or condition for which compensation is claimed; (2) a factual statement identifying employment factors alleged to have caused or contributed to the presence or occurrence of the disease or condition; and (3) medical evidence establishing that the employment factors identified by the claimant were the proximate cause of the condition for which compensation is claimed or, stated differently, medical evidence establishing that the diagnosed condition is causally related to the employment factors identified by the claimant. The medical evidence required to establish causal relationship, generally, is rationalized medical opinion evidence. 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, must be one of reasonable

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<sup>3</sup> 5 U.S.C. §§ 8101-8193.

<sup>4</sup> *Joe D. Cameron*, 41 ECAB 153 (1989); *Elaine Pendleton*, 40 ECAB 1143, 1145 (1989).

<sup>5</sup> *Victor J. Woodhams*, 41 ECAB 345 (1989).

medical certainty and must be supported by medical rationale explaining the nature of the relationship between the diagnosed condition and the specific employment factors identified by the claimant.<sup>6</sup>

### ANALYSIS

The evidence supports that appellant has right and left shoulder conditions and engaged in repetitive activities at work such as sorting mail and pushing and pulling. However, he submitted insufficient medical evidence to establish that his shoulder condition was caused or aggravated by these activities or any other specific factors of his federal employment.

Appellant submitted several reports from Dr. Stehr. In a July 26, 2012 report, Dr. Stehr noted appellant's history and that he performed a right rotator cuff repair on June 10, 2011 and a left rotator cuff repair on April 17, 2012. He related that appellant believed that his bilateral rotator cuff tears were secondary to cumulative trauma from his work as a processing clerk, which required sorting of mail by hand and pushing and pulling a four post carrier. Dr. Stehr recommended that appellant avoid prolonged overhead work or heavy lifting/pushing with both arms. The Board notes that he set forth appellant's opinion regarding the cause of his conditions but he did not offer his own opinion regarding the cause of appellant's diagnosed conditions. To the extent that Dr. Stehr's report may be construed as providing some support for causal relationship, it is insufficient as he did not explain how particular work duties would cause or contribute to a diagnosed medical condition. As noted, part of appellant's burden of proof includes the submission of rationalized medical opinion addressing whether there is a causal relationship between the claimant's diagnosed condition and the implicated employment factors. The need for rationale is especially important in view of appellant's 2002 right clavicle fracture sustained in the nonemployment-related carjacking incident. Thus, the July 26, 2012 report is insufficient to establish his claim. Other reports from Dr. Stehr are also insufficient to establish that the claim as he did not specifically address whether appellant's work duties contributed to a diagnosed medical condition.<sup>7</sup>

Similarly, reports of diagnostic testing are insufficient to establish the claim as these reports do not address how employment factors contributed to a diagnosed medical condition. The record also contains treatment notes from an unknown medical provider. The Board has held that reports lacking proper identification do not constitute probative medical evidence.<sup>8</sup>

The Board has held that the mere fact that a condition manifests itself during a period of employment does not raise an inference that there is a causal relationship between the two.<sup>9</sup> Neither the fact that the condition became apparent during a period of employment nor the belief that the condition was caused or aggravated by employment factors or incidents is sufficient to

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<sup>6</sup> *Id.*

<sup>7</sup> *Linda I. Sprague*, 48 ECAB 386 (1997) (medical evidence that does not offer any opinion regarding the cause of an employee's condition is of diminished probative value on the issue of causal relationship).

<sup>8</sup> *C.B.*, Docket No. 09-2027 (issued May 12, 2010).

<sup>9</sup> *See Joe T. Williams*, 44 ECAB 518, 521 (1993).

establish causal relationship.<sup>10</sup> Causal relationship must be substantiated by reasoned medical opinion evidence, which is appellant's responsibility to submit.

As there is no reasoned medical evidence explaining how appellant's employment duties caused or aggravated a medical condition involving his shoulders, he has not met his burden of proof in establishing that he sustained a medical condition causally related to factors of his employment.

On appeal, appellant argues that his claim should not be denied because his physicians' reports were insufficient. He noted that, in another case, where an employee's physician did not provide proper documentation, it was found that OWCP had a responsibility to refer the employee for a medical evaluation. However, appellant did not cite any particular authority to support his contention. While OWCP has an obligation to assist in the development of claims,<sup>11</sup> it is the employee's burden of proof to establish the claim and it is the employee's responsibility to submit medical evidence establishing that the diagnosed condition is causally related to the employment factors identified by the claimant.<sup>12</sup> It advised appellant of the evidence required to establish his claim but he did not submit such evidence.

Appellant may submit evidence or argument with a written request for reconsideration within one year of this merit decision pursuant to 5 U.S.C. § 8128(a) and 20 C.F.R. §§ 10.605 through 10.607.

### **CONCLUSION**

The Board finds that appellant did not meet his burden of proof in establishing that he sustained an injury causally related to factors of his federal employment.

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<sup>10</sup> *Id.*

<sup>11</sup> *See William B. Webb*, 56 ECAB 156 (2004).

<sup>12</sup> *See supra* notes 3 to 6.

**ORDER**

**IT IS HEREBY ORDERED THAT** the April 8, 2013 decision of the Office of Workers' Compensation Programs is affirmed.

Issued: September 24, 2013  
Washington, DC

Richard J. Daschbach, Chief Judge  
Employees' Compensation Appeals Board

Colleen Duffy Kiko, Judge  
Employees' Compensation Appeals Board

James A. Haynes, Alternate Judge  
Employees' Compensation Appeals Board