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<b>R.M., Appellant</b>	)	
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<b>and</b>	)	<b>Docket No. 09-661</b>
	)	<b>Issued: December 9, 2009</b>
<b>U.S. POSTAL SERVICE, POST OFFICE,</b>	)	
<b>Baton Rouge, LA, Employer</b>	)	
	)	

*Case Submitted on the Record*

The Office received a November 30, 2005 nerve conduction study in which Dr. Gregory Ward, Board-certified in physical medicine and rehabilitation, diagnosed bilateral carpal tunnel syndrome. In a January 24, 2006 functional capacity evaluation, Dr. Carolyn Baker, a Board-certified psychiatrist and neurologist, advised that appellant was capable of working at a light

level. The Office also received physical therapy notes dated January 26 and November 14, 2006. On February 18, 2005 Dr. J. Guidry, a Board-certified internist, indicated that appellant related that she inhaled gas fumes from her truck while at work. In a July 23, 2007 treatment note, Dr. Yuruk Ivirboz, an occupational medicine specialist, related that appellant complained of intermittent chest and back pain while at work on July 23, 2007. In a July 23, 2007 duty status report, he indicated that appellant had experienced back and chest pain and that she should not do any lifting, pulling or pushing and minimal walking until released. Portions of the report are illegible.

On October 31, 2007 the Office advised appellant that additional factual and medical evidence was needed to establish her claim.

In a November 23, 2007 statement, appellant described her job duties, which included constant standing, casing or boxing mail, sitting while delivering mail, twisting, turning, leaning and lifting. Her duties also included pushing and pulling bins full of mail and parcels through heavy metal doors. Appellant alleged that her duties were stressful because she was always trying to meet her deadlines in a timely manner and in dealing with customers. She resubmitted reports from Drs. Ivirboz and Guidry.

By decision dated December 20, 2007, the Office denied appellant's claim. It found that the evidence did not support that she was engaged in any activity causing bodily injury. The Office further found that appellant failed to submit sufficient medical evidence in support of her claim.

On May 23, 2008 appellant requested reconsideration and submitted copies of reports previously submitted. She reiterated that on July 23, 2007 she was delivering mail and performing the duties of her position when she experienced low back and chest pains.

In a July 23, 2007 report, Dr. Ivirboz noted that appellant had experienced pain in the left chest area and low back and buttocks. Appellant related a history of "lifting." Dr. Ivirboz checked the box "yes" that he believed appellant's condition was caused or aggravated by an employment activity. He advised that her restrictions should include no lifting, pulling, pushing and minimal walking until his release.

In a July 24, 2007 duty status report, Dr. Wilbert McClay, Jr., an attending family practitioner, diagnosed low back pain and chest pain and indicated that appellant was incapacitated for duty. He also filled in diagnosis codes for sprain of sacroiliac region, unspecified, precordial pain and infundibular pulmonic stenosis.

In a December 18, 2007 report, Dr. McClay reviewed appellant's history of injury and treatment. Appellant was driving her mail truck when her back began to hurt. Dr. McClay indicated that appellant was short and had to bend extensively. He advised that she informed him that her chest also began to hurt. Appellant's duties included standing in one place and casing mail for two hours, pulling and pushing mail in bins, as well as placing mail into trays. Dr. McClay explained that appellant had to use the full force of her body to push or bump the bin full of mail and parcels. He noted that it was obvious she was under tremendous job stress and now feared a heart attack. Appellant felt that two percent of her job required standing, lifting, pushing, pulling and twisting. Dr. McClay stated that "bumping of truck aggravates back problem."

By decision dated December 18, 2008, the Office found that appellant established the employment factors pertaining to her job duties as a mail carrier. However, it found that the medical evidence was insufficient to establish causal relationship between her work and the diagnosed conditions.

### **LEGAL PRECEDENT**

An employee seeking benefits under the Federal Employees' Compensation Act<sup>1</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 of the Act, that the claim was timely filed within the applicable time limitation period of the Act, 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>2</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>3</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 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>4</sup>

### **ANALYSIS**

The evidence supports that appellant identified those employment factors that she believes caused or aggravated her diagnosed conditions. The Board finds that she has not submitted sufficient medical evidence to establish a causal relationship between her work duties and the diagnosed conditions.

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<sup>1</sup> 5 U.S.C. §§ 8101-8193.

<sup>2</sup> *Joe D. Cameron*, 41 ECAB 153 (1989); *Elaine Pendleton*, 40 ECAB 1143, 1145 (1989).

<sup>3</sup> *Victor J. Woodhams*, 41 ECAB 345 (1989).

<sup>4</sup> *Id.*

The record contains a November 30, 2005 nerve conduction study, a January 24, 2006 functional capacity evaluation, and a February 18, 2005 report from Dr. Guidry, who indicated that appellant related that she inhaled gas fumes from her truck, while at work. These diagnostic reports do not attribute any diagnosed condition to appellant's employment. While Dr. Guidry stated that appellant reported inhaling fumes at work, he did not address whether this caused or aggravated her claimed chest or low back conditions. Furthermore, appellant's 2007 claim form and her subsequent statements did not attribute any medical condition to possible fume exposure. These reports are insufficient to establish that her work duties caused or aggravated a diagnosed medical condition.

Dr. Ivirboz advised that appellant began experiencing chest and back pain while at work on July 23, 2007. However, he did not specifically address whether any factors of appellant's employment caused her condition.<sup>5</sup> Dr. Ivirboz noted that appellant related a history of "lifting" and checked a box "yes" that he believed appellant's condition was caused or aggravated by an employment activity. The Board has held that when a physician's opinion on causal relationship consists only of checking "yes" to a form question, without explanation or rationale, that opinion is of diminished probative value and is insufficient to establish a claim.<sup>6</sup> The evidence from Dr. Ivirboz is of limited probative value because it did not address how particular employment factors would cause or aggravate a low back or chest condition.

Dr. McClay noted that appellant had an unspecified sprain of sacroiliac region precordial pain and infundibular pulmonic stenosis. However, the Board notes that the reports of Dr. McClay do not specifically address whether any factors of appellant's employment caused her diagnosed conditions.<sup>7</sup> On December 18, 2007 Dr. McClay stated that "bumping of truck aggravates back problem." However, his reports lack a well-rationalized explanation addressing the physiological cause of appellant's back condition. Rather, Dr. McClay's opinion is conclusory. He merely stated that the bumping of the mail truck aggravated appellant's back condition. Medical conclusions unsupported by rationale are of diminished probative value.<sup>8</sup> Dr. McClay's opinion is insufficient to establish the claim because he did not provide medical rationale in support of causal relationship.

The Office also received physical therapy notes dated January 26 and November 14, 2006. Health care providers such as physical therapists are not physicians as defined under the Act. Thus, their opinions do not constitute medical evidence and have no weight or probative value.<sup>9</sup>

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<sup>5</sup> See *S.E.*, 60 ECAB \_\_\_\_ (Docket No. 08-2214, issued May 6, 2009) (medical evidence that does not offer any opinion regarding the cause of an employee's condition is of limited probative value on the issue of causal relationship).

<sup>6</sup> *Sedi L. Graham*, 57 ECAB 494 (2006).

<sup>7</sup> See *supra* note 5.

<sup>8</sup> *S.S.*, 59 ECAB \_\_\_\_ (Docket No. 07-579, issued January 14, 2008); see *Mary E. Marshall*, 56 ECAB 420 (2005) (medical reports that do not contain rationale on causal relationship have little probative value).

<sup>9</sup> See *Jane A. White*, 34 ECAB 515, 518 (1983). See 5 U.S.C. § 8101(2). This subsection defines the term "physician." See also *Charley V.B. Harley*, 2 ECAB 208, 211 (1949) (where the Board held that medical opinion, in general, can only be given by a qualified physician).

Appellant has not met her burden of proof to establish that her back or chest conditions commencing on July 23, 2007 are causally related to the accepted factors of employment. 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>10</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 establish causal relationship.<sup>11</sup> Causal relationship must be substantiated by reasoned medical opinion evidence, which is appellant's responsibility to submit. There is insufficient medical evidence explaining how appellant's employment duties caused or aggravated her conditions of sprain of the sacroiliac region, precordial pain and infundibular pulmonic stenosis.

### **CONCLUSION**

The Board finds that appellant has not met her burden of proof to establish that she sustained an injury in the performance of duty.

### **ORDER**

**IT IS HEREBY ORDERED THAT** the decision of the Office of Workers' Compensation Programs dated December 18, 2008 is affirmed.

Issued: December 9, 2009  
Washington, DC

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

Colleen Duffy Kiko, Judge  
Employees' Compensation Appeals Board

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

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<sup>10</sup> See *Joe T. Williams*, 44 ECAB 518, 521 (1993).

<sup>11</sup> *Id.*