U. S. DEPARTMENT OF LABOR

Employees' Compensation Appeals Board

In the Matter of ELIZABETH C. HALL and DEPARTMENT OF THE ARMY, CENTRAL PERSONNEL SECURITY CLEARANCE FACILITY, Fort Meade, MD

Docket No. 01-1133; Submitted on the Record;
Issued December 27, 2001

DECISION and ORDER

Before BRADLEY T. KNOTT, A. PETER KANJORSKI, PRISCILLA ANNE SCHWAB

The issue is whether appellant sustained an injury causally related to factors of her federal employment.

On June 13, 2000 appellant, then a 50-year-old personnel security specialist, filed a traumatic injury claim, alleging that on June 5, 2000 she sustained bruising and swelling in her neck and shoulders following an employment-related motor vehicle accident. She stopped work that day and returned on June 12, 2000. By letters dated July 18, 2000, the Office of Workers' Compensation Programs informed appellant of the type of evidence needed to support her claim. In a decision dated August 18, 2000, the Office found the incident of June 5, 2000 established but, noting that appellant had not submitted supportive medical evidence, denied her claim.

On September 12, 2000 appellant requested review of the written record and submitted a medical report from Dr. Mundra. By decision dated January 25, 2001 and finalized January 30, 2001, an Office hearing representative denied appellant's claim, noting that she could not read Dr. Mundra's report which did not clearly indicate that appellant was seen by him.

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

An employee seeking benefits under the Federal Employees' Compensation Act[1] has the burden of establishing the essential elements of his or her claim[2] including the fact that the individual is an "employee of the United States" within the meaning of the Act,[3] that the claim

[1] 5 U.S.C. §§ 8101-8193.

[2] *See Daniel R. Hickman*, 34 ECAB 1220 (1983); *see also* 20 C.F.R. § 10.110.

[3] *See James A. Lynch*, 32 ECAB 216 (1980); *see also* 5 U.S.C. § 8101(1).

was timely filed within the applicable time limitation period of the Act,[4] 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.[5] These are essential elements of each compensation claim regardless of whether the claim is predicated upon a traumatic injury or an occupational disease.[6] However, an employee's statement alleging that an injury occurred at a given time and in a given manner is of great probative value and will stand unless refuted by strong and persuasive evidence.[7]

Causal relationship is a medical issue,[8] and the medical evidence required to establish a causal relationship is rationalized medical evidence. Rationalized medical evidence is medical evidence which includes a physician's rationalized medical 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.[9]

The medical evidence in this case consists of a report in which Dr. Mundra[10] answered questions submitted to appellant by the Office. In response to the question "dates of examination and treatment," the doctor replied "June 6, 2000"; in response to "history of injury given by you to the physician," the doctor advised, "auto[mobile] accident leading to injury to chest wall and shoulder"; in response to "detailed description of findings," the doctor stated "soft tissue injury"; in response to "results of all x-ray and laboratory tests," the doctor replied "none done"; in response to "diagnosis," the doctor advised "soft tissue injury [to] chest wall and shoulder"; in response to "clinical course or treatment followed," the doctor stated "warm compresses, Tylenol." Finally, the doctor advised that appellant could return to work on June 12, 2000.

The Office found the June 5, 2000 incident established insufficient evidence of any work-related injury. The record indicates, however, that Dr. Mundra's report describes an injury caused by the June 5, 2000 motor vehicle accident. The Board finds that, while this report is not

[4] 5 U.S.C. § 8122.

[5] *See Melinda C. Epperly*, 45 ECAB 196 (1993).

[6] *See Delores C. Ellyett*, 41 ECAB 992 (1990); *Victor J. Woodhams*, 41 ECAB 345 (1989).

[7] *See Robert A. Gregory*, 40 ECAB 478 (1989).

[8] *Mary J. Briggs*, 37 ECAB 578 (1986).

[9] *Gary L. Fowler*, 45 ECAB 365 (1994); *Victor J. Woodhams, supra* note 6.

[10] While the doctor's signature is illegible, appellant indicated that the physician's name is Dr. Mundra. The signature clearly has an "MD" after the name.

sufficiently detailed to determine the period of disability in which appellant would be entitled to wage-loss compensation, it is sufficient to require further development of the record.[11]

It is well established that proceedings under the Act[12] are not adversarial in nature,[13] and while the claimant has the burden to establish entitlement to compensation, the Office shares responsibility in the development of the evidence.[14] Only in rare instances where the evidence indicates that no additional information could possibly overcome one or more defects in the claim is it proper for the Office to deny a case without further development.[15] The case will, therefore, be remanded to the Office for further development regarding whether the June 5, 2000 injury resulted in any condition for which appellant would be entitled to medical benefits or any periods of disability. After such further development as is deemed necessary, the Office shall issue a *de novo* decision.[16]

The decision of the Office of Workers' Compensation Programs dated January 25, 2001 and finalized January 30, 2001 is hereby set aside and the case is remanded to the Office for proceedings consistent with this opinion.

Dated, Washington, DC
December 27, 2001

Bradley T. Knott
Alternate Member

A. Peter Kanjorski
Alternate Member

Priscilla Anne Schwab
Alternate Member

[11] *See John J. Carlone*, 41 ECAB 354 (1989). The Board notes that the case record does not contain a medical opinion contrary to appellant's claim in this matter and further notes that the Office did not seek advice from an Office medical adviser or refer the case for a second opinion evaluation.

[12] 5 U.S.C. §§ 8101-8193.

[13] *See, e.g., Walter A. Fundinger, Jr.*, 37 ECAB 200 (1985).

[14] *See Dorothy L. Sidwell*, 36 ECAB 699 (1985).

[15] Federal (FECA) Procedure Manual, Part 2 -- Claims, *Developing and Evaluating Medical Evidence*, Chapter 2.800.5c (April 1993).

[16] The Board notes that appellant submitted medical evidence with her appeal to the Board. The Board cannot consider this evidence, however, as its review of the case is limited to the evidence of record which was before the Office at the time of its final decision. 20 C.F.R. § 501.2(c).