

On May 14, 2003 appellant, then a 50-year-old mail handler, filed an occupational disease claim wherein he indicated that he suffered from osteoarthritis in both hips as a result of moving and lifting heavy equipment as part of his federal employment. The employing establishment controverted the claim. In a statement accompanying the claim, appellant indicated that the osteoarthritis was more pronounced in his right hip and required him to have

hip replacement surgery. By letter dated June 19, 2003, the Office requested further information from appellant.

An x-ray taken on July 19, 2002 was interpreted by Dr. Ata Rezvanpour, a Board-certified radiologist, as showing severe osteoarthritic changes in both hip joints and minimal osteoarthritic changes in both knee joints and patellofemoral spaces. Dr. Rezvanpour further indicated that avascular necrosis of the head of the right femur was strongly suspected. An April 17, 2003 x-ray was interpreted by Dr. Mouhamed Alagha, a radiologist, as evidencing advanced osteoarthritic changes bilaterally, more evident on the right, with mild flattening of the femoral head/narrowed joint space with spurring. A medical report dated April 9, 2003 by Dr. Robert Namba, a Board-certified orthopedic surgeon, noted that appellant presented a three-year history of medium to severe right hip pain. Dr. Namba diagnosed severe osteoarthritis in appellant's right hip.

In a decision dated July 22, 2003, the Office denied appellant's claim as it found that the evidence did not demonstrate that the claimed medical condition was related to the established work-related events.

On August 18, 2003 appellant requested an oral hearing.

In a medical report dated April 14, 2003, Dr. Joel S. Grubbs indicated that he was appellant's primary treating provider and that he was treating appellant for severe degenerative disc disease/osteoarthritis of the right hip and moderate degenerative disc disease/osteoarthritis in the left hip. He indicated that there was no work injury to describe an acute event that he would associate with the development of premature osteoarthritis, so it was his opinion that appellant's condition was not caused by his work environment, and that appellant would have probably developed the condition anyway. Dr. Grubbs reiterated this conclusion in his report of July 2, 2003.

In a medical note dated June 26, 2003, Dr. Namba indicated:

"[Appellant] is a 50-year-old male with physical examination and radiographs consistent with hip osteoarthritis. There is no record of severe hip trauma, steroid use, alcohol abuse or childhood hip disease. While the cause of his arthritis is unknown, his job as a mail carrier could exacerbate his condition."

In a medical report dated July 10, 2003, Dr. Richard T. Pitts, an osteopath, indicated that appellant suffered from bilateral advanced osteoarthritis in both hip joints. He further indicated that, although there was no other medical condition that would have led to such an early progression, there was no acute work event that he would associate with the development of premature osteoarthritis. He concluded that appellant's condition was not caused by his work situation and appellant would have probably developed the condition absent the work environment. Dr. Pitts reiterated this opinion in a July 19, 2002 report.

In a medical report dated July 16, 2003, Dr. Hascal O. Humes, a Board-certified physiatrist, noted:

“[Appellant] has been a patient of mine with complaints of hip pain particularly in his groin and anterior thigh. This pain was found to be from severe arthritis with wear and tear on the hip, well beyond what would be expected in the hip for somebody his age. The findings of severe arthritis are bilateral but more significant on the right side. It is plausible that because of the type of work that he does that there was a work contribution to this injury. The plausibility comes from the weight-bearing involved in catching these heavy mail products daily for 17 years. This would partially explain the premature arthritis in this healthy young gentleman. I cannot exclude other possible contributors to this, but I feel that it is plausible that this was a significant contributor to the premature severe hip arthritis from which he suffers.”

At a hearing held on April 16, 2004, appellant testified that he had not had surgery so he had not lost time from work at that point. He indicated that he has been employed as a mail handler doing heavy lifting, twisting and stooping since 1986. At the hearing appellant submitted into evidence an article on hip problems, an article on musculoskeletal disorders and information about standard operating procedures at his place of employment

By decision dated July 1, 2004, the Office hearing representative found that appellant had failed to provide medical evidence in which a physician displays knowledge of the accepted employment factors, provides a definitive diagnosis and also provides an unequivocal opinion linking appellant’s condition to factors of his federal employment. Accordingly, the hearing representative affirmed the Office’s denial of appellant’s claim.

LEGAL PRECEDENT

An employee seeking benefits under the Federal Employees’ Compensation Act¹ has the burden of establishing that 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.² 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.³

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

¹ 5 U.S.C. § 8101 *et seq.*

² *Joe D. Cameron*, 41 ECAB 150 (1989); *Elaine Pendleton*, 40 ECAB 1143 (1989).

³ *Victor J. Woodhams*, 41 ECAB 345 (1989).

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 diagnosed condition is causally related to the employment factors identified by the claimant. The medical opinion 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.⁴

ANALYSIS

The Board has carefully reviewed the record and finds that there is no medical report of record which addresses with sufficient medical rationale of how appellant's osteoarthritis in his hips was caused by work factors. The reports of Drs. Rezvnpour and Alagha are simply x-ray reports; these reports do not address the crucial issue of the causal relationship between appellant's osteoarthritis and his federal employment. Medical evidence which does not offer any opinion regarding the cause of an employee's condition is of limited probative value on the issue of causal relationship.⁵ Both Drs. Pitts and Grubbs concluded that appellant's condition was not caused by his work environment and that appellant probably would have developed this condition anyway. The only reports that indicate a possible connection between appellant's osteoarthritis and his work environment are the reports of Drs. Namba and Humes. Dr. Namba indicated that, while the cause of appellant's condition was unknown, his job as a mail carrier "could have exacerbated the condition." However, Dr. Namba's finding that appellant's employment "could have exacerbated the condition" is speculative and equivocal in nature and thus of little probative value.⁶ Dr. Humes' opinion that "it is plausible that [appellant's employment] was a significant contributor to the premature severe arthritis from which he suffers" is also speculative. The opinion of a physician supporting causal relationship must be one of reasonable medical certainty that the condition for which compensation must be supported with affirmative evidence, explained by medical rationale and based upon a complete and accurate medical and factual background of the claimant.⁷

As appellant has not submitted any rationalized medical evidence to support his allegation that he sustained an injury due to his federal employment, he has failed to meet his burden of proof to establish his claim.

CONCLUSION

The Board finds that appellant has not met his burden of proof to establish that he suffered from osteoarthritis causally related to factors of his federal employment.

⁴ *Solomon Polen*, 51 ECAB 441 (2000); *see also Michael E. Smith*, 50 ECAB 313 (1999).

⁵ *Id.*

⁶ *Samuel Senkow*, 50 ECAB 370 (1999).

⁷ *Bonnie Goodman*, 50 ECAB 139 (1998); *James H. Botts*, 50 ECAB 265 (1999).

ORDER

IT IS HEREBY ORDERED THAT the decision of the Office of Workers' Compensation Programs dated July 1, 2004 is hereby affirmed.

Issued: October 5, 2005
Washington, DC

Colleen Duffy Kiko, Judge
Employees' Compensation Appeals Board

David S. Gerson, Judge
Employees' Compensation Appeals Board

Willie T.C. Thomas, Alternate Judge
Employees' Compensation Appeals Board