



In a January 22, 2004 disability certificate, a Dr. Mejia, a physician of unknown specialty, advised that appellant could not return to work for 14 days nor lift greater than 2 pounds with the right hand.

In a January 23, 2004 treatment note, Dr. Melissa Scholes, a physician of unknown specialty, advised that appellant was hospitalized from January 12 to 23, 2004 for treatment of a blood clot in the right arm.

By letter dated February 4, 2004, the Office advised appellant that additional factual and medical evidence was needed. The Office explained that a physician's opinion was crucial to his claim and allotted appellant 30 days within which to submit the requested information.

In a February 12, 2004 statement, appellant indicated that he had worked as a housekeeping aide since February 2003. He explained that the position required much lifting and carrying of equipment. Appellant alleged that he began to experience pain and swelling in the right arm, wrist area and fingers during the week of January 5, 2004 and related that his activities outside of his federal employment were minimal and included Sunday church services. He also noted that he was severely injured in a field accident in 1992 while employed in the private sector. Appellant alleged that, at that time, he sustained a severe gash and tear on the right forearm, almost to the bone. He explained that he believed that this prior injury combined with the physical requirements of his present position, contributed to his current medical condition which included blood clots.

In an October 10, 2003 work capacity evaluation, Dr. P. Neeley, a physician of unknown specialty, indicated that appellant received treatment for a right arm "subclavian thrombosis." He provided medical restrictions of no reaching above the shoulder and no lifting greater than five pounds. In an October 9, 2004 duty status report, Dr. Neeley, determined that appellant did not have a work injury and diagnosed a subclavian arterial right arm blood clot. He provided medical restrictions of no reaching above shoulder and no lifting greater than five pounds with the right arm. The Office also received a March 10, 2004 report from a nurse practitioner, and a report of emergency treatment also dated March 10, 2004 from a provider whose signature is illegible, which indicated that appellant had restrictions, which included no lifting over five pounds with the right arm.

By decision dated April 15, 2004, the Office denied the claim finding that the medical evidence did not establish that the claimed condition was related to established work-related events. The Office advised appellant that he had not provided sufficient medical evidence relating the blood clots to employment factors. The Office further noted that Dr. Neeley indicated that appellant did not have a work injury.

By letter dated April 30, 2004, appellant requested a hearing, which was held on November 17, 2004. The Office also received laboratory results dated October 19, 2004, and progress notes dating from January to June 2004. They included that appellant appeared for treatment on January 12, 2004, with swelling and pain in his right arm and was diagnosed right axillary deep vein thrombosis.

In a December 9, 2004 statement, the employing establishment controverted appellant's claim with regard to whether appellant's venous thrombosis was employment related.

In a January 12, 2004 treatment note, Dr. Jayer Chung, an emergency room physician, related that appellant presented with a history of a right axillary lump and right upper extremity edema since Friday. She related that appellant alleged that he had been emptying many trash bags when he first noticed the pain. Dr. Chung determined that diagnostic testing for the right upper extremity revealed occlusion of the axillary vein, subclavian veins, and basilic veins and in the right upper extremity.

In a January 14, 2004 progress note, Dr. Brian D. Peyton, a Board-certified vascular surgeon, advised that appellant had spontaneous right "axilla-subclavian" vein thrombosis with extension into many arm veins. He noted that appellant worked as a janitor with no predisposing mechanical factors and no history of hypercoagulability.

In a January 23, 2004 discharge summary, Dr. Scholes diagnosed thrombosis of right subclavian vein, right axillary vein, basilic and brachial veins with a thrombolytic therapy catheter procedure. She noted that appellant had noticeable right upper extremity swelling that was diffuse in nature with visible cutaneous venous engorgement.

In a February 23, 2004 treatment note, Dr. Peyton noted the subclavian vein appeared chronically narrowed but determined that appellant did not have any neurological symptoms on initial evaluation, but complained of multiple neurological symptoms involving the entire right arm. He determined that appellant's right arm swelling had resolved. Dr. Peyton also opined that he did "not have an explanation for his neurologic" surgery.

In a report also dated February 23, 2004, Dr. Neeley determined that appellant had normal sensation, strength and function except for pain complaints with any movement or touch. He also completed a Form CA-17 on March 9, 2004, and stated that the condition was not work related.

In treatment notes dated March 10, 2004, Dr. Amy E. Staggs, a Board-certified internist, advised that appellant presented for treatment of his subclavian thrombosis. She determined that she would not excuse him from work or offer an opinion regarding his disability.

In March 15 and April 21, 2004 treatment notes, Dr. Stephen Creaghe, Board-certified in general surgery and vascular surgery, diagnosed subclavian vein thromboses. He was not certain as to the cause and indicated that "I do not have this subclavian venogram after the TPA infusion. If, in fact, it does show significant evidence that the first rib is contributing to this problem, then consideration could be given to a first rib resection. However, with the history of cancer this could have been a spontaneous process and would best be treated with long-term anticoagulation." Dr. Creaghe also stated that "the question of pain in his arm is also there, and I am uncertain as to what could be causing that, but I doubt that a rib resection would be of much benefit."

In treatment notes dated June 2 and 3, 2004, Dr. Charles Pratt, a Board-certified surgeon, diagnosed right subclavian vein thrombosis with successful lysis and recommended a venogram.

Also submitted were radiology reports dated January 13 and 28 2004, laboratory results dated October 12, 2004 and nurses notes.

By decision dated February 10, 2005, the Office hearing representative affirmed the April 15, 2004 decision.

### **LEGAL PRECEDENT**

In order 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 diagnosed condition is causally related to the employment factors identified by the claimant.<sup>1</sup> Causal relationship is a medical question that can generally be resolved only by rationalized medical opinion evidence.<sup>2</sup>

To establish causal relationship, appellant must submit a physician's report in which the physician reviews the factors of employment identified by appellant as causing his condition and, taking these factors into consideration as well as findings on examination of appellant and appellant's medical history, state whether these employment factors caused or aggravated appellant's diagnosed conditions and present medical rationale in support of his opinion.<sup>3</sup>

### **ANALYSIS**

The Office has accepted that appellant performed various duties that including lifting during the course of his employment as a housekeeping aide. The issue, therefore, is whether the medical evidence establishes that these employment activities caused or contributed to his diagnosed condition. Appellant has submitted insufficient evidence to establish that his right arm condition was caused by his various lifting activities at work or any other specific factors of his federal employment.

Appellant submitted medical records pertaining to treatment for a right arm blood clot. They included reports from Drs. Neeley, Creaghe, Peyton and Chung. However, the physicians did not adequately explain how factors of appellant's employment, such as lifting or emptying trash bags, caused or contributed to his right arm condition. Medical evidence which does not offer such an opinion is of limited probative value.<sup>4</sup>

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<sup>1</sup> *Solomon Polen*, 51 ECAB 341 (2000); *see also Victor J. Woodhams*, 41 ECAB 345 (1989).

<sup>2</sup> *See Robert G. Morris*, 48 ECAB 238 (1996). 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. *Victor J. Woodhams*, *supra* note 1.

<sup>3</sup> *Donald W. Long*, 41 ECAB 142, 146-47 (1989).

<sup>4</sup> *Michael E. Smith*, 50 ECAB 313 (1999).

Dr. Neeley opined that appellant's condition was not a work injury in his October 9, 2004 report. Dr. Peyton noted that there were no predisposing mechanical factors and opined that he did not have an explanation for appellant's neurologic surgery. Dr. Creaghe was uncertain as to the cause of appellant's pain. These reports do not support appellant's contention that his right arm blood clot condition was causally related to employment factors. If anything, this evidence tends to indicate that his claimed condition is not employment related. The other medical reports of record do not address the cause of appellant's claimed condition.

The record also contains reports from therapists and a nurse. Section 8101(2) of the Federal Employees' Compensation Act<sup>5</sup> provides that the term "physician" includes surgeons, podiatrists, dentists, clinical psychologists, optometrists, chiropractors, and osteopathic practitioners within the scope of their practice as defined by the applicable state law. Consequently, this evidence is not relevant as it cannot be considered medical evidence and, as noted above, the underlying point at issue is medical in nature.

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>6</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>7</sup> Causal relationship must be substantiated by reasoned medical opinion evidence, which is appellant's responsibility to submit. As there is no probative, rationalized medical evidence addressing and explaining why appellant's right arm condition was caused and/or aggravated by factors of his employment, appellant has not met his burden of proof in establishing that he sustained a medical condition in the performance of duty causally related to factors of employment.

### CONCLUSION

The Board finds that appellant failed to meet his burden of proof to establish that he sustained a right arm blood clot condition causally related to factors of his employment.

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<sup>5</sup> See 5 U.S.C. § 8101(2). See also *Charley V.B. Harley*, 2 ECAB 208, 211 (1949) (where the Board has held that a medical opinion, in general, can only be given by a qualified physician).

<sup>6</sup> See *Joe T. Williams*, 44 ECAB 518, 521 (1993).

<sup>7</sup> *Id.*

**ORDER**

**IT IS HEREBY ORDERED THAT** the decision of the Office of Workers' Compensation Programs dated February 10, 2005 is hereby affirmed.

Issued: January 3, 2006  
Washington, DC

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

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

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