

Appellant submitted medical evidence in support of her claim. In an August 30, 2006 evaluation statement, Dr. John Donahue, an orthopedic surgeon, diagnosed left shoulder impingement and possible rotator cuff tear. The Office received a September 29, 2006 authorization request from Dr. Donahue for left shoulder arthroscopic surgery in which he diagnosed left shoulder impingement, degenerative joint disease and possible rotator cuff tear. An authorization request form was received for shoulder arthroscopy with the diagnosis of adhesive capsulitis of shoulder and complete rupture of rotator cuff. The Office also received a description of the rural carrier position.

On October 5, 2006 the Office informed appellant that additional medical and factual information was needed to determine whether she was eligible for benefits. Appellant responded in an October 10, 2006 note. Additional documents were received by the Office including an October 9, 2006 surgery authorization request and visit notes from March 28 through August 30, 2006 from Dr. Donahue. An April 17, 2006 magnetic resonance imaging (MRI) scan report of the left humerus revealed a normal examination. An April 12, 2006 MRI scan of the left shoulder revealed partial tendinopathy of the anterior supraspinatus consistent with tendinitis and premature osteoarthritis of the glenohumeral joint space. The Office also received an October 11, 2006 statement from the employing establishment agreeing with appellant's factual statements. In an October 17, 2006 note, Dr. Donahue diagnosed left shoulder bursitis and impingement and stated that appellant would be off work from October 6, 2006 until after surgery.

On November 8, 2006 the Office denied appellant's claim on the grounds that the medical evidence did not establish that her left shoulder condition was causally related to appellant's accepted job duties.

On November 13, 2006 appellant requested review of the written record. The Office received an October 24, 2006 operative report from Dr. Donahue who performed manipulation, arthroscopic shaving, removal of loose bodies and subacromial decompression for the left shoulder.

On March 14, 2007 the Branch of Hearings and Review affirmed the Office's prior decision which denied appellant's claim on the grounds that there was no evidence of a causal relation between appellant's employment duties and her shoulder condition.

LEGAL PRECEDENT

An employee seeking benefits under the Federal Employees' Compensation Act has the burden of establishing the essential elements of his or her claim by the weight of the reliable, probative and substantial evidence, including the fact that the individual is an "employee of the United States" within the meaning of the Act and 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 or specific condition for which compensation is claimed is causally related to the employment injury.¹

¹ *Anthony P. Silva*, 55 ECAB 179 (2003).

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 the factors alleged to have caused or contributed to the presence or occurrence of the disease or condition; and (3) medical evidence establishing that the 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 factors identified by the claimant.²

While the opinion of a physician supporting causal relationship need not be one of absolute medical certainty the opinion must not be speculative or equivocal. The opinion should be expressed in terms of a reasonable degree of medical certainty.³

ANALYSIS

Appellant alleged that her left shoulder condition was causally related to factors of her federal employment as of March 28, 2006. The Board finds that she has submitted insufficient medical evidence to establish that her left shoulder condition was caused or aggravated by her federal employment.

The medical evidence established that appellant was diagnosed with left shoulder impingement and tendinitis. The factual evidence established that she lifted and pulled trays of mail in the course of her employment. The case turns on whether the evidence establishes that appellant's left shoulder impingement is causally related to her lifting and pulling of mail trays. The evidence generally required to establish causal relationship is rationalized medical opinion evidence. The medical opinion must be based on a complete factual and medical background with an accurate history of the claimant's employment injury and must explain from a medical perspective how the current condition is related to the injury.⁴

The evidence does not contain a medical opinion on causal relationship. In an August 30, 2006 evaluation note, Dr. Donahue did not offer an opinion on causal relationship. In a September 29, 2006 authorization request, he did not opine about the cause of appellant's condition. In March 28 through August 30, 2006 visit notes, Dr. Donahue did not describe appellant's employment activities nor did he conclude that her job duties caused her condition. In an October 17, 2006 work excuse note, he did not mention appellant's work duties nor did he offer an opinion on causal relationship. 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.⁵ The medical evidence lacks the requisite medical opinion on causal relation.

² *Elizabeth H. Kramm (Leonard O. Kramm)*, 57 ECAB ____ (Docket No. 05-715, issued October 6, 2005).

³ *Morris Scanlon*, 11 ECAB 384, 385 (1960).

⁴ *Joan R. Donovan*, 54 ECAB 615 (2003).

⁵ *Conrad Hightower*, 54 ECAB 796 (2003).

The medical opinion needed to establish an occupational disease claim 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.⁶ No such opinion has been submitted. As such appellant has failed to submit medical evidence to establish causal relationship and, therefore, has failed to discharge her burden of proof to establish that she sustained a condition due to factors of her federal employment.

CONCLUSION

Appellant has not met her burden of proof to establish that she sustained an occupational disease in the performance of duty.

ORDER

IT IS HEREBY ORDERED THAT the March 14, 2007 and November 8, 2006 decisions of the Office of Workers' Compensation Programs are affirmed.

Issued: October 24, 2007
Washington, DC

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

David S. Gerson, Judge
Employees' Compensation Appeals Board

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

⁶ *Donald W. Wenzel*, 56 ECAB ____ (Docket No. 05-146, issued March 17, 2005).