United States Department of Labor
Employees' Compensation Appeals Board

S.W., Appellant	)	
and	)	**Docket No. 08-2538**
	)	**Issued: May 21, 2009**
DEPARTMENT OF THE INTERIOR, NATIONAL PARK SERVICE, Herndon, VA, Employer	)	

Appearances:
Appellant, pro se
Office of Solicitor, for the Director

Case Submitted on the Record

DECISION AND ORDER

Before:
ALEC J. KOROMILAS, Chief Judge
COLLEEN DUFFY KIKO, Judge
JAMES A. HAYNES, Alternate Judge

JURISDICTION

On September 29, 2008 appellant filed a timely appeal from the Office of Workers' Compensation Programs' June 27, 2008 merit decision denying her claim for an employment-related cardiac condition. Pursuant to 20 C.F.R. §§ 501.2(c) and 501.3(d)(2), the Board has jurisdiction over the merits of this case.

ISSUE

The issue is whether appellant met her burden of proof to establish that she sustained a cardiac condition in the performance of duty.

FACTUAL HISTORY

On March 17, 2006 appellant, then a 53-year-old supervisory accountant, filed an occupational disease claim alleging that she sustained coronary artery disease, leading to a myocardial infarction on July 10, 2005, which was exacerbated by various incidents and

conditions at work.[1] She alleged that she sustained stress due to being the only supervisory trainer for a team of approximately 20 full-time employees, having insufficient management staffing to support accounting reorganization, being unable to fill staff positions and dealing with the increased workload which resulted from understaffing. Appellant also claimed that there were limits to promotional opportunities, problems in implementing accounts receivable program automation and conflicts with disgruntled subordinate employees who were unproductive and filed grievances.[2]

Appellant was hospitalized for several days due to her July 10, 2005 myocardial infarction and at the time of her discharge she was diagnosed with atherosclerotic coronary artery disease, status post acute inferior wall myocardial infarction and status post primary coronary intervention of the right coronary artery, severe left anterior descending artery residual disease, hypertension and hyperlipidimea. Her attending physicians indicated that she had several risk factors for cardiac disease, including prior family history of cardiac disease, hypertension and hyperlipidemia.

In an August 22, 2005 report, Dr. Laurence R. Kelley, an attending Board-certified cardiologist, stated that appellant was doing very well six weeks following her acute inferior wall myocardial infarction which had been treated with primary intervention and subsequent stenting of a critical left anterior descending artery stenosis. He noted that there was no convincing evidence of ischemia on subjective or objective testing and cleared appellant to return to work and assume her normal activities.

On December 22, 2005 appellant was seen for follow-up care by Dr. Jeffrey Luy, an attending Board-certified cardiologist, who diagnosed coronary disease with atypical chest pain, prior inferior infarct on July 10, 2005 with right coronary stent, Cipher stent in the mid left anterior descending (LAD) on July 27, 2005, controlled hypertension, elevated cholesterol (with reasonable low-density lipoprotein as of November 2005) and myalgias likely secondary to statins.

In a June 7, 2006 report, Dr. Robert A. Shor, an attending Board-certified cardiologist, stated, "[Appellant] is a delightful 52-year-old woman with coronary artery disease, recent PCI [percutaneous coronary intervention] stage intervention, multiple cardiovascular risk factors, under marked situational stresses, which may contribute to her symptoms and findings."

In a December 11, 2006 decision, the Office denied appellant's claim that she sustained a cardiac condition in the performance of duty. It found that appellant had established several employment factors as alleged but that she did not submit sufficient medical evidence to establish that she sustained a cardiac condition due to those factors.

[1] Appellant stopped work on July 11, 2005.

[2] In a June 2, 2006 statement, John F. Madigan, the manager of appellant's work unit, provided support for her assertions regarding her work conditions. In a June 28, 2006 letter, Louise Caron, a subordinate, also provided support for appellant's claims in this regard.

In a January 9, 2007 report, Dr. Linda E. Coleman, an attending Board-certified internist, stated that the cause of appellant's heart attack and coronary artery disease was multifaceted.[3] She noted that there were a number of the generally recognized contributors possibly impacting or aggravating appellant's condition, including hypertension, smoking, stress and family history. When appellant was seen in March 2005 complaining of chest pains her blood analysis did not indicate a history of hypercholesteroiemia and her relative risk factors for this condition were well below average. Dr. Coleman indicated that a March 2005 echocardiography yielded normal findings, appellant's hypertension was controlled with medication and she reported minimal, intermittent smoking history prior to quitting in March 2005, as being minimal and intermittent. Appellant's family history included two cases of heart disease in elderly males but there were no cases of heart disease in female members of her immediate or extended family. Dr. Coleman stated:

> "[Appellant] reported concerns about stressful working conditions and I have been provided statements issued by management and coworkers from her job concurring with the work-related stresses described in the patients' statement. Events of this nature generate stress, which is a recognized contributor to may illnesses, including heart diseases."

In a January 12, 2007 report, Dr. Shor, stated that appellant had a history of coronary artery disease, recent PCI staged intervention and multiple cardiac risk actors including hypertension and hypercholesterolemia. He stated, "[Appellant] is under marked situational stresses which may contribute to her symptoms and findings…. Her hypertension, hypercholesterolemia and situational stresses may contribute to her coronary artery disease." Appellant also submitted periodical articles which generally discussed the effect of stress on cardiac disease.

In a July 3, 2007 decision, the Office affirmed its December 11, 2006 decision. It indicated that Dr. Coleman and Dr. Shor provided speculative opinions on the cause of appellant's cardiac problems and did not identify specific employment factors which might have contributed to her cardiac condition.

In a March 12, 2008 report, Dr. Luy stated that appellant had a history of coronary disease status post percutaneous intervention with a history of hypertension, hypercholesterolemia and a remote history of smoking. In July 2005 she had an acute myocardial infarction and received a coronary stent to her right coronary artery. Dr. Luy noted that appellant had a residual 80 to 90 percent stenosis in the mid LAD artery and returned to the hospital for further treatment including, a drug-coated stent to the mid LAD, an angioplasty of the second diagonal branch and a repeat cardiac catheterization. He stated:

> "[Appellant] has been under marked situational stress which has been job related due to her prior employment as an accountant. She has been unable to resume her prior occupation due to job stress and worsening of her chest pain. [Appellant's] cardiac risk factors including her hypertension and hypercholesterolemia along with situational stressors have likely contributed to her coronary artery disease.

[3] Dr. Coleman had treated appellant since March 2005.

Because of her underlying coronary disease and the situational stresses exacerbating her recurrent chest pain she can no longer perform her duties as an accountant."

In a June 27, 2008 decision, the Office affirmed its prior decisions. It indicated that Dr. Luy did not identify specific work factors as contributing to appellant's cardiac condition.

LEGAL PRECEDENT

An employee seeking benefits under the Federal Employees' Compensation Act[4] 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 specific condition for which compensation is claimed are causally related to the employment injury.[5] These are the essential elements of each compensation claim regardless of whether the claim is predicated upon a traumatic injury or an occupational disease.[6]

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;[7] 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 a causal relationship 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.[8]

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[4] 5 U.S.C. §§ 8101-8193.

[5] *Elaine Pendleton,* 40 ECAB 1143, 1145 (1989).

[6] *See Delores C. Ellyett*, 41 ECAB 992, 994 (1990); *Ruthie M. Evans*, 41 ECAB 416, 423-25 (1990).

[7] Workers' compensation law does not apply to each and every injury or illness that is somehow related to an employee's employment. There are situations where an injury or an illness has some connection with the employment but nevertheless does not come within the concept or coverage of workers' compensation. Where the disability results from an employee's emotional reaction to his regular or specially assigned duties or to a requirement imposed by the employment, the disability comes within the coverage of the Act. *See Thomas D. McEuen*, 41 ECAB 387 (1990), *reaff'd on recon.*, 42 ECAB 566 (1991); *Lillian Cutler*, 28 ECAB 125 (1976).

[8] *Victor J. Woodhams,* 41 ECAB 345, 351-52 (1989).

The Board has held that an opinion which is speculative in nature is of limited probative value on the issue of causal relationship.[9] Newspaper clippings, medical texts and excerpts from publications are of no evidentiary value in establishing the necessary causal relationship between a claimed condition and employment factors because such materials are of general application and are not determinative of whether the specifically claimed condition is related to the particular employment factors alleged by the employee.[10]

ANALYSIS

Appellant alleged that she sustained coronary artery disease, leading to a myocardial infarction on July 10, 2005, which was exacerbated by various incidents and conditions at work. The Office accepted that she sustained stress due to being the only supervisory trainer for a team of approximately 20 full-time employees, having insufficient management staffing to support accounting reorganization, being unable to fill staff positions and dealing with the increased workload which resulted from understaffing. It also accepted that appellant experienced limits to promotional opportunities, problems in implementing accounts receivable program automation and conflicts with disgruntled subordinate employees who were unproductive and filed grievances.[11]

The Board finds that appellant did not submit sufficient medical evidence to establish that she sustained a cardiac condition due to the accepted employment factors.

In a June 7, 2006 report, Dr. Shor stated, "[Appellant] is a delightful 52-year-old woman with coronary artery disease, recent PCI stage intervention, multiple cardiovascular risk factors, under marked situational stresses, which may contribute to her symptoms and findings." In a January 12, 2007 report, Dr. Shor noted, "[Appellant] is under marked situational stresses which may contribute to her symptoms and findings…. Her hypertension, hypeitholesterolemia and situational stresses may contribute to her coronary artery disease." Dr. Shor's reports are of limited probative value on the relevant issue of the present case because he did not provide a clear indication that any of the specific employment factors accepted by the Office contributed to appellant's cardiac condition, including a myocardial infarction on July 11, 2005. Rather, he only generally referred to "situational stresses." Dr. Shor's reports are of limited probative value for the further reason that they use words such as may with respect to the cause of appellant's cardiac condition and therefore they are speculative in nature.[12]

In a January 9, 2007 report, Dr. Coleman stated that the cause of appellant's heart attack and coronary artery disease was multifaceted. She indicated that there were a number of the

[9] *See Jennifer Beville*, 33 ECAB 1970, 1973 (1982), *Leonard J. O'Keefe*, 14 ECAB 42, 48 (1962).

[10] *William C. Bush*, 40 ECAB 1064, 1075 (1989).

[11] The Office correctly found that these matters were directly related to appellant's work duties and job conditions. *See supra* note 7.

[12] *See supra* note 9 and accompanying text.

generally recognized contributors possibly impacting or aggravating appellant's condition, including hypertension, smoking, stress and family history. Dr. Coleman noted that appellant "reported concerns about stressful working conditions and I have been provided statements issued by management and coworkers from her job concurring with the work-related stresses described in the patients' statement." She indicated that "[e]vents of this nature" generated stress, which was a recognized contributor to many illnesses, including heart diseases. Dr. Coleman's report is limited probative value in that she did not provide a clear opinion that appellant's work situation contributed to her cardiac condition. She appears to merely be reporting appellant's belief of such a causal relationship. Dr. Coleman did not identify any specific accepted employment factors as contributing to appellant's cardiac condition. She did not provide medical rationale explaining how such employment factors could have caused or aggravated appellant's cardiac condition. Dr. Coleman noted appellant's risk factors but did not explain why her cardiac condition was not solely due to her risk factors and other nonwork-related causes.

In a March 12, 2008 report, Dr. Luy, an attending Board-certified cardiologist, stated that appellant had been under marked situational stress "which has been job related due to her prior employment as an accountant." Appellant had been unable to resume her prior occupation due to job stress and worsening of her chest pain. Dr. Luy noted, "[Appellant's] cardiac risk factors including her hypertension and hypercholesterolemia along with situational stressors have likely contributed to her coronary artery disease. Because of her underlying coronary disease and the situational stresses exacerbating her recurrent chest pain she can no longer perform her duties as an accountant." Dr. Luy also did not identify any specific accepted employment factors as contributing to appellant's cardiac condition. He did not provide medical rationale explaining how such employment factors could have caused or aggravated appellant's cardiac condition. Appellant also submitted periodical articles which generally discussed the effect of stress on cardiac disease. However, the Board has held that excerpts from publications are of no evidentiary value in establishing the necessary causal relationship between a claimed condition and employment factors because such materials are of general application and are not determinative of whether the specifically claimed condition is related to the particular employment factors alleged by the employee.[13]

CONCLUSION

The Board finds that appellant did not meet her burden of proof to establish that she sustained a cardiac condition in the performance of duty.

[13] *See supra* note 10 and accompanying text.

ORDER

IT IS HEREBY ORDERED THAT the Office of Workers' Compensation Programs' June 27, 2008 decision is affirmed.

Issued: May 21, 2009
Washington, DC

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

Colleen Duffy Kiko, Judge
Employees' Compensation Appeals Board

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