

was a 52-year-old medical clerk and worked around patients with various illnesses, including methicillin-resistant staphylococcus aureus (MRSA) infections. The date of the injury was reported as April 2, 2008. The reverse of the claim form noted that appellant was off work from February 18 to May 20, 2010.

By letter dated June 3, 2010, OWCP requested additional evidence to support the claim for compensation.

In a decision dated July 19, 2010, OWCP denied appellant's claim for compensation on the grounds that he failed to submit sufficient evidence to establish the claim.

Appellant requested a hearing before an OWCP hearing representative, which was held on November 1, 2010. At the hearing he stated that from March to September 2009 he worked as a medical clerk in the dental department.² Appellant greeted families at the front desk, shook hands with patients and was responsible for paperwork and equipment. He stated that his hands broke out with sores, and he experienced symptoms of fatigue, incontinence and depression. Sometime in 2009, appellant came into contact with a patient who had MRSA and shook his hand. He stated that nurses told him there was an outbreak of MRSA at the hospital.

In an October 28, 2008 report, Dr. Jeffrey Lobel, a neurosurgeon, noted that appellant had multiple skin lesions on the dorsal aspect of both hands, right worse than left. In a report dated February 21, 2010, Dr. Alan Smulian, an internist specializing in infectious diseases, stated that appellant was being treated for sepsis syndrome, potential infectious endocarditis and skin lesions. He noted that laboratory results had revealed multiple abnormalities and examination indicated a previously undocumented heart murmur. Dr. Smulian diagnosed MRSA bacteremia, stating the "source is probably from the skin lesions on the forearm..."

The employing establishment submitted a November 23, 2010 letter stating that appellant had begun work in the dental service as of March 2, 2008. With reference to MRSA, the employing establishment stated that it was not aware of any health care acquired MRSA infections at the medical center. According to the employing establishment, appellant worked behind a desk and was not required to shake patient's hands.

By decision dated January 6, 2011, the hearing representative affirmed the July 19, 2010 decision. The hearing representative found the factual and medical evidence was insufficient to establish the claim.

LEGAL PRECEDENT

A claimant seeking benefits under FECA³ has the burden of establishing the essential elements of his claim by the weight of the reliable, probative and substantial evidence, including

² According to appellant, he currently worked as a recreational therapy assistant.

³ 5 U.S.C. §§ 8101-8193.

that an injury was sustained in the performance of duty as alleged and that any specific condition or disability claimed is causally related to the employment injury.⁴

To establish that an injury was sustained in the performance of duty, a claimant must submit: (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.⁵

Causal relationship is a medical question that can generally be resolved only by rationalized medical opinion evidence.⁶ 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.⁷ Additionally, in order to be considered rationalized, the opinion must be expressed in terms of a reasonable degree of medical certainty, and must be supported by medical rationale, explaining the nature of the relationship between the diagnosed condition and appellant's specific employment factors.⁸

ANALYSIS

Appellant filed an occupational disease claim for a right hand injury causally related to his federal employment. As noted, he must submit a factual statement as to the employment factors alleged to have contributed to his condition. Appellant stated that he worked in the dental department as a clerk, greeting patients and being responsible for completing necessary paperwork. There does not appear to be any dispute that appellant worked as a medical clerk, although there is some confusion as to the specific dates worked. At the hearing appellant indicated he worked from March 2009, but the employing establishment reported he worked from March 2008.

Appellant alleged he was exposed to the MRSA bacteria while in the performance of his job duties. On this issue appellant did not submit a detailed statement as to the alleged exposure. He indicated that sometime in 2009 he shook hands with a patient who had MRSA. While it is not necessary that appellant provide the patient's name or other protected information, he does need to provide more information regarding when this incident occurred and other relevant circumstances. The employing establishment could not confirm any MRSA exposure given the limited information provided. If appellant is alleging that shaking hands with a patient exposed him to the MRSA bacteria, then the timing of the exposure is important as the medical evidence

⁴ 20 C.F.R. § 10.115(e), (f) (2005); see *Jacquelyn L. Oliver*, 48 ECAB 232, 235-36 (1996).

⁵ *Ruby I. Fish*, 46 ECAB 276, 279 (1994).

⁶ See *Robert G. Morris*, 48 ECAB 238 (1996).

⁷ *Victor J. Woodhams*, 41 ECAB 345, 352 (1989).

⁸ *Id.*

showed appellant had skin lesions as of October 2008, and on the claim form he reported the date of injury as April 2, 2008. If he is alleging other incidents or circumstances that exposed him to the MRSA bacteria, he must provide a detailed factual statement describing the alleged exposure.

The medical evidence of record does not contain a rationalized medical opinion based on a complete background as to causal relationship between any diagnosed condition and appellant's federal employment. Dr. Smulian diagnosed an MRSA bacteremia, as well as noting a sepsis syndrome, without providing a complete background or discussing causal relationship with employment. The Board notes that a physician's report on causal relationship must be based on an accurate factual background.⁹

The Board finds that appellant did not meet his burden of proof in this case. There is insufficient factual and medical evidence to establish a diagnosed condition causally related to factors of federal employment. Appellant may submit new evidence or argument with a written request for reconsideration to the Office within one year of this merit decision, pursuant to 5 U.S.C. § 8128(a) and 20 C.F.R. §§ 10.605 through 10.607.

CONCLUSION

The Board finds that appellant did not establish an injury causally related to his federal employment.

⁹ See *Leonard J. O'Keefe*, 14 ECAB 42, 48 (1962).

ORDER

IT IS HEREBY ORDERED THAT the decision of the Office of Workers' Compensation Programs dated January 6, 2011 is affirmed.

Issued: October 18, 2011
Washington, DC

Richard J. Daschbach, Chief Judge
Employees' Compensation Appeals Board

Colleen Duffy Kiko, Judge
Employees' Compensation Appeals Board

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