

U. S. DEPARTMENT OF LABOR

Employees' Compensation Appeals Board

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In the Matter of LOUISE C. CRUSON, claiming as widow of RICHARD C. CRUSON and  
DEPARTMENT OF THE ARMY, CORPS OF ENGINEERS, Muscatine, Iowa

*Docket No. 96-669; Submitted on the Record;  
Issued April 24, 1998*

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DECISION and ORDER

Before GEORGE E. RIVERS, DAVID S. GERSON,  
MICHAEL E. GROOM

The issue is whether appellant met her burden of proof in establishing that the employee's death on August 5, 1995 was causally related to the October 6, 1982 employment injury.

The Board has duly reviewed the record and finds that appellant has not established that the employee's death was causally related to his federal employment.

The Office of Workers' Compensation Programs accepted the employee's claim for a left hydrocele and left inguinal hernia. The employee returned to work after the October 6, 1982 employment injury until November 15, 1982 at which time he sought medical treatment and underwent an exploratory laparotomy, removal of the incarcerated small bowel loop and omentum, and a distal ileostomy and right inguinal herniorrhaphy. He returned to work on January 10, 1983 until February 22, 1983 when he underwent a left hydrocelectomy with left inguinal exploration and herniorrhaphy on March 11, 1983 and a scrotal hematoma on April 8, 1983. The employee returned to limited duty on June 13, 1983 and did not return to work after September 19, 1983. The employee died on August 5, 1995. Dr. Stephen G. Alldredge, an osteopath stated on the employee's death certificate that the immediate cause of death was acute myocardial infarction due to coronary artery disease. Appellant, the employee's wife, informed the Office of the employee's death on August 8, 1995 and by letter dated August 8, 1995, the Office informed appellant that she should submit certain information to determine if the employee's death was work related. Appellant subsequently submitted the employee's death certificate and medical reports.

In a report dated September 10, 1995, Dr. Alldredge stated that he first treated the employee in May 1992 for an acute inferior lateral myocardial infarction and heart failure, hypertension and diabetes. He noted that the employee had been on disability due to a previous inguinal injury with resultant scar tissue, chronic pain and since that time, appellant had shown evidence of aortic stenosis, non-operable coronary artery disease, hypertension and diabetes

mellitus. Dr. Alldredge stated that the direct cause of the employee's death was coronary artery disease and myocardial infarction and that the diabetes mellitus with diabetic ketoacidosis was a contributory factor. He could find no evidence to suggest that the employee's October 6, 1982 employment injury played any role in the development of the coronary artery disease or his subsequent death. Dr. Alldredge stated that the two biggest risk factors for the employee's problem were hypertension and diabetes which were not related to his October 6, 1982 employment injury.

Appellant submitted several reports from Dr. David A. Arnold, an osteopath, dated February 8 and 25, 1987, September 16 and November 22, 1983, and December 14, 1982. In these reports, Dr. Arnold considered the employee's history of injury, noted his condition at the time, which in the February 25, 1987 report was chronic condition of left inguinal pain, left suprapubic pain and generalized aching in the testicular area, primarily on the left. He stated that appellant was subject to lifting and standing restrictions and he anticipated little improvement in the future.

Appellant also submitted several reports from Dr. Duane L. Manlove, an osteopath dated February 17, 1987, February 6, 1986, October 29, 1985 and September 19 and November 8, 1983. These reports document that appellant was being treated for post-hydrocelectomy scar tissue which involved the left testicle and for essential hypertension. In the February 17, 1987 report, Dr. Manlove noted that appellant was unable to perform any strenuous activity and was unable to work. On February 6, 1986 he noted that appellant was treated for thrombophlebitis of the left leg which might be related to the October 6, 1982 employment injury. In the November 8, 1983 report, Dr. Manlove noted that the employee had two major surgeries within the past twelve months with resulting excessive scar tissue causing pain in the left scrotum and testicle.

By decision dated December 6, 1995, the Office denied the claim.<sup>1</sup>

Appellant has the burden of proving by the weight of the reliable, probative and substantial evidence that the employee's death was causally related to his employment. This burden includes the necessity of furnishing medical opinion evidence of a cause and effect relationship based on a proper factual and medical background.<sup>2</sup> The medical evidence required to establish causal relationship is rationalized medical opinion evidence explaining how the accepted employment-related condition caused or contributed to the employee's death.<sup>3</sup> The mere showing that an employee was receiving compensation at the time of death does not establish that the employee's death was causally related to his employment.<sup>4</sup>

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<sup>1</sup> This case is on appeal for the second time. In *Richard C. Cruson*, 34 ECAB 1714 (1983), the Board affirmed the Office's decisions dated February 14, 1983 and December 27, 1982 denying the employee continuation of pay.

<sup>2</sup> *Irene Baster*, 47 ECAB \_\_\_\_ (Docket No. 94-1721, issued June 12, 1996); *Carolyn P. Spiewak (Paul Spiewak)*, 40 ECAB 552 (1989); *Mary M. DeFalco (Gordon S. DeFalco)*, 30 ECAB 514 (1979).

<sup>3</sup> *Irene Baster*, 47 ECAB \_\_\_\_ *supra* note 1; *Edna M. Davis (Kenneth L. Davis)*, 42 ECAB 728, 733 (1991).

<sup>4</sup> *Elinor Bacorn (David Bacorn)*, 46 ECAB 857, 860-61 (1995).

In the present case, appellant has not presented evidence to establish that the employee's death on August 5, 1995 was causally related to the October 6, 1982 employment injury. The death certificate completed by Dr. Alldredge stated that acute myocardial infarction was the immediate cause of death due to coronary artery disease. In his September 10, 1995 report, Dr. Alldredge stated that the direct cause of the employee's death was coronary artery disease and myocardial infarction, and the diabetes mellitus with diabetic ketoacidosis was a contributory factor. He stated that the employee's October 6, 1982 employment injury did not contribute to the development of the coronary artery disease or his subsequent death, and the employee's two biggest risk factors were hypertension and diabetes which were not related to the employee's October 6, 1982 employment injury. The reports from Dr. Manlove and Dr. Arnold are not relevant as they do not address the employee's cause of death. Inasmuch as the record does not contain any medical evidence establishing a causal relationship between the October 6, 1982 employment injury and the employee's death, appellant has failed to meet her burden of proof.

Accordingly, the decision of the Office of Workers' Compensation Programs dated December 6, 1995 is affirmed.

Dated, Washington, D.C.  
April 24, 1998

George E. Rivers  
Member

David S. Gerson  
Member

Michael E. Groom  
Alternate Member