U. S. DEPARTMENT OF LABOR

Employees' Compensation Appeals Board

In the Matter of ROBERT A. MERRITT and DEPARTMENT OF THE AIR FORCE, AIR LOGISTICS CENTER, TINKER AIR FORCE BASE, Okla.

Docket No. 96-1599; Submitted on the Record;
Issued April 3, 1998

DECISION and ORDER

Before GEORGE E. RIVERS, DAVID S. GERSON,
BRADLEY T. KNOTT

The issue is whether appellant has met his burden of proof to establish a foot or knee injury in the performance of duty, as alleged.

The Board has duly reviewed the record in the present appeal and finds that appellant has not met his burden of proof to establish a foot or knee injury in the performance of duty, as alleged.

An employee seeking benefits under the Federal Employees' Compensation Act[1] has the burden of establishing the essential elements of his or her claim including the fact that the 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.[2] These are the essential elements of each and every claim regardless of whether the claim is predicated upon a traumatic injury due to one single incident, or an occupational disease due to events occurring over a period of time.[3]

As part of this burden, the claimant must present rationalized medical opinion evidence, based on a complete factual and medical background, showing causal relationship.[4] Rationalized medical evidence is evidence which relates a work incident or factors of employment to a

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[1] 5 U.S.C. §§ 8101-8193.

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

[3] The Office's regulations clarify that a traumatic injury refers to an injury caused by a specific event or incident or series of events or incidents occurring within a single workday or work shift whereas occupational disease refers to an injury produced by employment factors which occur or are present over a period longer than a single workday or shift. *See* 20 C.F.R. §§ 10.5(a)(15),(16).

[4] *See Kathryn Haggerty*, 45 ECAB 383 (1994); *Lucrecia M. Nielson*, 42 ECAB 583 (1991).

claimant's condition, with stated reasons of a physician.[5] The opinion of the physician must be one of reasonable medical certainty, and must be supported by medical rationale explaining the nature of relationship of the diagnosed condition and the specific employment factors or employment injury.[6]

On April 27, 1995 appellant, then a 53-year-old aircraft mechanic, filed a claim for a knee and foot condition, which he related to his work two days earlier in removing and installing an aircraft part. Appellant related his pain at the ball of his feet and in his joints, as well as symptoms in his knees, to standing on a stand for almost six hours, to install the part. He obtained treatment at the employing establishment health clinic, and was examined by Dr. Val J. Fiorazo, a Board-certified family practitioner. Dr. Fiorazo reported that appellant's symptoms began halfway through his shift of standing on an expanded metal platform, while installing a part on an aircraft and wearing antishock shoes on the platform. Dr. Fiorazo diagnosed bilateral jumper's knee and metatarsalgia, the latter of which is defined as "pain and tenderness in the metartarsal region."[7] He recommended the use of metatarsal pads and light duty. Upon reevaluation two weeks later, Dr. Fiorazo reported that the metatarsal pads provided some relief to the feet and that appellant noticed his tingling symptoms of the knees resolving with less bending. He stated a week later that the jumper's knee condition had resolved but that on account of continued metatarsalgia, he recommended a referral to an orthopedic surgeon.

Appellant was evaluated on June 1, 1995 by Dr. James E. Winslow, a Board-certified orthopedic surgeon. Dr. Winslow took x-rays which showed postsurgical changes involving a bunion removal at the first metartasal joint, as well as plantar and posterior calcaneal spurs. While Dr. Winslow diagnosed a healing stress fracture, and indicated by check mark that the condition was due to "stretched standing" in one position for six to eight hours, on subsequent evaluations three months later, he changed the diagnosis to metatarsalgia and did not explain the relationship between the diagnosed condition and the extended standing. Repeat x-rays taken on June 29, 1995 were consistent with those four weeks earlier, showing only postsurgical changes but no evidence of an acute injury. The medical records indicate that appellant continued to obtain treatment until late October 1995. By decision dated April 1, 1996, the Office denied appellant's claim for a foot or knee injury due to his federal employment.

The Board notes that while Dr. Fiorazo noted that appellant's symptoms began halfway through his work shift on April 25, 1995, the mere manifestation of a condition during a period of employment does not raise an inference of causal relationship since the symptoms may be revelatory of an underlying condition.[8] The question of whether a causal relationship exists between the condition and the employment is medical in nature and can be established generally

[5] *Gary L. Fowler*, 45 ECAB 365 (1994); *Debra A. Kirk-Littleton*, 41 ECAB 703 (1990); *George Randolph Taylor*, 6 ECAB 986, 988 (1954) (finding that a medical opinion not fortified by medical rationale is of little probative value).

[6] *Id.*

[7] *Dorland's Medical Dictionary* (23 ed. 1982).

[8] *Ruby I. Fish*, 46 ECAB 276 (1994).

only by rationalized medical opinion.[9] None of appellant's medical reports explain the causal relationship between the work factor of extensive standing in one position and appellant's toe and knee symptoms. The Board finds appellant has not met his burden of proof to establish an injury in the performance of duty as alleged.

The decision of the Office of Workers' Compensation Programs dated April 1, 1996 is hereby affirmed.

Dated, Washington, D.C.
April 3, 1998

George E. Rivers
Member

David S. Gerson
Member

Bradley T. Knott
Alternate Member

[9] Although causal relationship generally requires rationalized medical opinion, Office procedures provide for acceptance of a claim without a medical report when the following criteria are satisfied: (1) the condition reported is a minor one which can be identified on visual inspection by a lay person (*e.g.* burns, lacerations, insect stings, or animal bites); (2) the injury was witnessed or reported promptly, and no dispute exists as to the fact of injury; and (3) no time was lost from work due to disability; *see Melissa A. Carter*, 45 ECAB 618 (1994). While in this case appellant promptly reported his injury and he had no time lost from work, there is no definite diagnosis with no visible minor injury.