

U. S. DEPARTMENT OF LABOR

Employees' Compensation Appeals Board

In the Matter of DEBORAH P. WASHINGTON and U.S. POSTAL SERVICE,
POST OFFICE, Capitol Heights, Md.

*Docket No. 97-462; Oral Argument Held February 12, 1998;
Issued April 1, 1998*

Appearances: *Alfred E. Davis*, for appellant; *Miriam D. Ozur, Esq.*,
for the Director, Office of Workers' Compensation Programs.

DECISION and ORDER

Before MICHAEL J. WALSH, WILLIE T.C. THOMAS,
MICHAEL E. GROOM

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

The Board has reviewed the case record in the present appeal and finds that appellant did not meet her burden of proof to establish that she sustained a respiratory condition in the performance of duty.

An employee seeking benefits under the Federal Employees' Compensation Act¹ 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/or specific condition for which compensation is claimed are causally related to the employment injury.² These are the essential elements of each compensation claim regardless of whether the claim is predicated upon a traumatic injury or an occupational disease.³

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

¹ 5 U.S.C. §§ 8101-8193.

² *Elaine Pendleton*, 40 ECAB 1143, 1145 (1989).

³ *See Delores C. Ellyett*, 41 ECAB 992, 994 (1990); *Ruthie M. Evans*, 41 ECAB 416, 423-25 (1990).

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 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 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.⁴

In the present case, appellant alleged that she was exposed to smoke, bleach-based cleaning fluid, dust, bug spray, and other chemicals at work which, by April 20, 1995, caused her to sustain an aggravation of her asthma condition. Appellant indicated that she was hospitalized for her condition from April 22 to 26, 1995. By decision dated November 9, 1995, the Office of Workers' Compensation Programs denied appellant's claim on the grounds she did not submit sufficient medical evidence to establish that she sustained an employment-related respiratory condition and, by decision dated and finalized September 30, 1996, an Office hearing representative denied modification of the Office's November 9, 1995 decision.

Appellant did not submit sufficient medical evidence to establish that she sustained a respiratory condition in the performance of duty.⁵ Appellant submitted a June 26, 1995 report in which Dr. Veronica Jenkins, an attending Board-certified internist, indicated she reported that every asthma attack she sustained occurred at work after being exposed to smoke, cleaning material and other chemicals. Dr. Jenkins stated, "In my medical opinion, I specifically feel that exposure at her job as a federal employee has at the very least contributed to [appellant's] disease, not excluding the possibility of being the sole contributor." Dr. Jenkins indicated that appellant had an extreme sensitivity to dust, smoke, fumes, sprays, and other substances and noted that her asthmatic condition was not caused by any particular allergen. In a report dated February 5, 1996, Dr. Jenkins stated that appellant's asthmatic condition worsened over time due to repeated exposure to allergens. She stated:

"In reviewing [appellant's] medical record and multiple hospital admissions, there seems to be direct correlation to chemical exposure on the job site and the onset of her condition. With exposure, she has required intensive medical care including hospitalizations, aerosol medication to her bronchial tree (lungs), chronic steroids with their inherent side effects and home care.... Inevitably, [appellant] gets better away from the job site and decompensates upon return."

⁴ *Victor J. Woodhams*, 41 ECAB 345, 351-52 (1989).

⁵ It has been accepted that appellant was exposed to smoke, dust, and various chemicals in the workplace.

These reports, however, are of limited probative value on the relevant issue of the present case in that they did not contain adequate medical rationale in support of their conclusions on causal relationship.⁶ Dr. Jenkins did not adequately describe the medical process through which appellant could have sustained a respiratory condition due to the particular allergens to which she was exposed at work. Dr. Jenkins' opinion is of limited probative value for the further reason that it is not based on a complete and accurate factual and medical history.⁷ She did not detail appellant's hospitalization from April 22 to 26, 1995 or otherwise adequately discuss the nature of appellant's respiratory problems during this period.⁸ Nor did she discuss the fact that appellant was diagnosed with disabling sinusitis for several days prior to April 20, 1995 or explain why nonwork-related sinusitis, or some other nonwork-related respiratory, would not have been responsible for appellant's medical problems.⁹ Dr. Jenkins suggested that the fact appellant reported having asthma attacks at work showed an employment-related cause for her condition. However, the Board has held that the fact that a condition manifests itself or worsens during a period of employment¹⁰ or that work activities produce symptoms revelatory of an underlying condition¹¹ does not raise an inference of causal relationship between a claimed condition and employment factors.

⁶ See *Leon Harris Ford*, 31 ECAB 514, 518 (1980) (finding that a medical report is of limited probative value on the issue of causal relationship if it contains a conclusion regarding causal relationship which is unsupported by medical rationale).

⁷ See *William Nimitz, Jr.*, 30 ECAB 567, 570 (1979) (finding that a medical opinion on causal relationship must be based on a complete and accurate factual and medical history).

⁸ The record does not contain any records from appellant's hospitalization in April 1995.

⁹ In a report dated October 10, 1994, Dr. Jenkins indicated that sinusitis could contribute to asthma.

¹⁰ *William Nimitz, Jr.*, 30 ECAB 567, 570 (1979).

¹¹ *Richard B. Cissel*, 32 ECAB 1910, 1917 (1981).

The decisions of the Office of Workers' Compensation Programs dated September 30, 1996 and November 9, 1995 are affirmed.

Dated, Washington, D.C.
April 1, 1998

Michael J. Walsh
Chairman

Willie T.C. Thomas
Alternate Member

Michael E. Groom
Alternate Member