

U. S. DEPARTMENT OF LABOR

Employees' Compensation Appeals Board

In the Matter of TIMOTHY SELBY and U.S. POSTAL SERVICE,
STEAMBOAT BRANCH, Reno, Nev.

*Docket No. 97-456; Submitted on the Record;
Issued August 10, 1998*

DECISION and ORDER

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

The issue is whether appellant has met his burden of proof to establish that his heart attack is causally related to factors of his federal employment.

The Board has duly reviewed the case record in this appeal and finds that appellant has failed to meet his burden of proof to establish that his heart attack is causally related to factors of his federal employment.

On September 21, 1994 appellant, then a "C.S." manager, filed a traumatic injury claim (Form CA-1) alleging that on September 1, 1994 he experienced a heart attack due to stress. Appellant stopped work on that date. Appellant's claim was accompanied by factual and medical evidence.

By decision dated July 3, 1996, the Office of Workers' Compensation Programs found the evidence of record insufficient to establish appellant's heart attack was caused by factors of his federal employment.

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 limitations 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

¹ 5 U.S.C. §§ 8101-8193.

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

essential elements of each and every compensation claim regardless of whether the claim is predicated upon a traumatic injury or an occupational disease.³

In order to determine whether an employee actually sustained an injury in the performance of duty, the Office begins with an analysis of whether fact of injury has been established. Generally, fact of injury consists of two components which must be considered in conjunction with one another. The first component to be established is that the employee actually experienced the employment incident which is alleged to have occurred.⁴ The second component is whether the employment incident caused a personal injury and generally can be established only by medical evidence. To establish a causal relationship between the condition, as well as any attendant disability claimed and the employment event or incident, the employee must submit rationalized medical opinion evidence based on a complete factual and medical background, supporting such a causal relationship.⁵

In this case, appellant alleged that he experienced a heart attack on September 1, 1994 that was caused by stress. The medical evidence reflects that Dr. Frank P. Carrea, a Board-certified internist and appellant's treating physician, treated appellant for an acute myocardial infarction on September 1, 1994. Dr. Carrea stated that appellant underwent coronary angiography and balloon angioplasty and was generally doing well and had no symptoms of angina. He stated that appellant's long-term prognosis was good, especially if he discontinued tobacco use. Dr. Carrea concluded that appellant could return to full-duty work on January 2, 1995. Dr. Carrea's December 30, 1994 medical report indicated that appellant had coronary artery disease and that he had treated appellant since September 1, 1994. Dr. Carrea stated that appellant was released to return to work without restriction and that appellant's prognosis should be good with continued lifestyle modifications and lipid management. Dr. Carrea's August 19, 1996 medical report revealed that appellant experienced an acute myocardial infarction on September 1, 1994. Dr. Carrea stated that appellant had a number of risk factors for the development of coronary artery disease which included appellant's reports of a great deal of stress in the workplace. Dr. Carrea further stated that appellant had been and was still quite distressed about his previous position at the employing establishment and that appellant described a great deal of stress which could have contributed to appellant's coronary artery disease. Dr. Carrea noted that appellant told him that a recent change in his position had greatly improved his stress level. Dr. Carrea also stated that blood test results and coronary angiographic findings supported the existence of coronary artery disease and a myocardial infarction. Dr. Carrea concluded that appellant experienced a great deal of stress at the employing establishment and that based on cardiac literature this type of stress has been detrimental to individuals with coronary artery disease.

The Board finds that appellant has failed to establish that his heart attack was caused by the September 1, 1994 employment incident.

³ *Daniel J. Overfield*, 42 ECAB 718 (1991).

⁴ *Elaine Pendleton*, *supra* note 2.

⁵ *See John M. Tornello*, 35 ECAB 234 (1983); 20 C.F.R. § 10.110(a).

Causal relationship is a medical issue and the medical evidence generally required to establish causal relationship is rationalized medical opinion evidence, *i.e.*, medical evidence presenting a physician's well-reasoned opinion on how the established factor of employment caused or contributed to the claimant's diagnosed condition. 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 established factor of employment.⁶

Although appellant has alleged that his heart attack was caused by work-related stress, he has failed to submit sufficient rationalized medical evidence establishing that his heart attack was caused by factors of his employment. Dr. Carrea's October 7 and December 30, 1994 and medical reports indicate that appellant's heart attack was caused by nonemployment-related factors. In his October 7, 1994 medical report, Dr. Carrea stated that appellant's "long-term prognosis was good, especially if he discontinued tobacco use." In his December 30, 1994 medical report, Dr. Carrea stated that appellant's "prognosis should be good with continued lifestyle modifications" and lipid management. In addition, the January 6, 1995 disability certificate of Dr. E. Vandermeer, a physician who specializes in occupational medicine, revealed that appellant had coronary artery disease and pulmonary vascular disease which were nonoccupational.

Dr. Carrea's opinion in his August 19, 1996 medical report that appellant's heart attack was caused by work-related stress is insufficient to establish appellant's burden because it failed to identify the specific stressful incidents that appellant experienced while working at the employing establishment. Dr. Carrea's opinion failed to provide any medical rationale explaining how these stressful incidents caused or contributed to appellant's heart attack.

Appellant's medical bills and the hospital discharge summary failed to address whether appellant's heart attack was caused by factors of his employment. Inasmuch as appellant has failed to submit rationalized medical evidence to establish that his heart attack was caused by factors of his employment, the Board finds that appellant has failed to establish that he sustained an injury while in the performance of duty on September 1, 1994.

⁶ *Ern Reynolds*, 45 ECAB 690 (1994); *Melvina Jackson*, 38 ECAB 443, 449 (1987); *Naomi A. Lilly*, 10 ECAB 560, 573 (1959).

The July 3, 1996 decision of the Office of Workers' Compensation Programs is hereby affirmed.

Dated, Washington, D.C.
August 10, 1998

Michael J. Walsh
Chairman

Willie T.C. Thomas
Alternate Member

Michael E. Groom
Alternate Member