

U. S. DEPARTMENT OF LABOR

Employees' Compensation Appeals Board

In the Matter of BARBARA A. McHATTIE and U.S. POSTAL SERVICE,
POST OFFICE, Capitol Heights, MD

*Docket No. 98-1780; Submitted on the Record;
Issued December 21, 1999*

DECISION and ORDER

Before DAVID S. GERSON, WILLIE T.C. THOMAS,
BRADLEY T. KNOTT

The issue is whether appellant developed a medical condition causally related to her federal employment.

On the prior appeal of this case,¹ the Board found that appellant failed to meet her burden of proof to establish that she developed a medical condition causally related to her federal employment. The Office of Workers' Compensation Programs previously accepted that the implicated factors of employment occurred as alleged but denied appellant's claim for failure to establish a medical condition resulting from those factors. The Board found that the only medical evidence offering an opinion on causal relationship -- the December 14, 1992 and February 18, 1994 reports of Dr. Inder Chawla, a Board-certified physician specializing in physical medicine and rehabilitation -- failed to provide medical rationale explaining how specific employment duties caused or contributed to appellant's diagnosis of myofascial pain syndrome. The facts of this case as set forth in the Board's prior decision are hereby incorporated by reference.

On May 10, 1997 appellant requested reconsideration by the Office and submitted an April 29, 1997 report from Dr. Chawla. Dr. Chawla reported as follows:

“[Appellant] has a condition that develops from repetitive muscle strain over a period of time. [She] approximate 20 years at the Washington Mail Center working mostly in the secondary area had given her a history of muscle stress from constant contraction, repetitive muscle movement and strain.

“Working in the secondary area [appellant] has:

“Worked many overtime hours -- 10 and 12 hours -- 6 and 7 days a week.

“Lifting 70 plus pound bags of mail.

¹ Docket No. 94-2166 (issued July 19, 1996).

“Twisting and turning from side to side to place bags of mail onto flat carts.

“Standing and walking on hard floors.

“Stretching over slides of mail that are over her armpit level.

“All has added up to a real opportunity for her to develop this condition in my opinion.”

In a decision dated March 26, 1998, the Office denied modification of its prior decision on the grounds that Dr. Chawla’s April 29, 1997 opinion failed to give a specific diagnosis or a reasoned medical opinion.

The Board finds that appellant has met her burden of proof to establish that her diagnosed myofascial pain syndrome is causally related to her federal employment.

An employee seeking benefits under the Federal Employees’ Compensation Act² has the burden of proof to establish the essential elements of her claim. When an employee claims that she sustained an injury in the performance of duty, she must submit sufficient evidence to establish that she experienced a specific event, incident or exposure occurring at the time, place and in the manner alleged. She must also establish that such event, incident or exposure caused an injury.³

Causal relationship is a medical issue,⁴ and the medical evidence generally required to establish causal relationship is rationalized medical opinion evidence. Rationalized medical opinion evidence is medical evidence that includes a physician’s rationalized opinion on whether there is a causal relationship between the claimant’s diagnosed condition and the established incident or factor of employment. The opinion of the physician must be based on a complete factual and medical background of the claimant,⁵ must be one of reasonable medical certainty,⁶ and must be supported by medical rationale explaining the nature of the relationship between the diagnosed condition and the established incident or factor of employment.⁷

The Office accepted that factors of appellant’s employment occurred as alleged. The only issue is whether these factors caused a medical condition. On the prior appeal the Board noted that Dr. Chawla had given an affirmative opinion on causal relationship but had not identified specific employment duties or explained how such duties caused or contributed to the diagnosed myofascial pain syndrome. He directly addressed these points in his April 29, 1997

² 5 U.S.C. §§ 8101-8193.

³ *Abe E. Scott*, 45 ECAB 164 (1993); *see generally John J. Carlone*, 41 ECAB 354 (1989); *see also* 5 U.S.C. § 8101(5) (“injury” defined); 20 C.F.R. §§ 10.5(a)(15)-.5(a)(16) (“traumatic injury” and “occupational disease or illness” defined).

⁴ *Mary J. Briggs*, 37 ECAB 578 (1986).

⁵ *William Nimitz, Jr.*, 30 ECAB 567, 570 (1979).

⁶ *See Morris Scanlon*, 11 ECAB 384-85 (1960).

⁷ *See William E. Enright*, 31 ECAB 426, 430 (1980).

report. Dr. Chawla noted that appellant had worked at the employing establishment for approximately 20 years, during which she worked many hours of overtime, lifted bags of mail weighing 70 or more pounds, twisted and turned from side to side to place bags of mail onto carts, stood and walked on hard floors and stretched over slides of mail that were over her armpit level. Having identified specific employment duties, he reported that all such duties had added up to a real opportunity for appellant to develop her condition.⁸ Dr. Chawla explained that appellant's myofascial pain syndrome developed from repetitive muscle strain over a period of time and that her employment had given her a history of muscle stress from constant contraction, repetitive muscle movement and strain.

Dr. Chawla's April 29, 1997 report, identifies specific employment duties and provides medical reasoning to support his opinion on causal relationship. His opinion appears rational, sound and logical and the record contains no medical opinion to the contrary.⁹ As the evidence submitted to support appellant's request for reconsideration cures the defects previously found in the medical evidence, the Board finds that appellant has discharged her burden of proof to establish that she developed a medical condition causally related to her federal employment.

The March 26, 1998 decision of the Office of Workers' Compensation Programs is reversed.

Dated, Washington, D.C.
December 21, 1999

David S. Gerson
Member

Willie T.C. Thomas
Alternate Member

Bradley T. Knott
Alternate Member

⁸ Dr. Chawla diagnosed myofascial pain syndrome in his previous reports. In a proper review of the merits of appellant's claim, all of Dr. Chawla's reports will be taken as a whole and weighed; *see Jovita Weaver*, 2 ECAB 122 (1948) (decisions should be made on the basis of all the evidence). That Dr. Chawla neglected to identify appellant's condition in his April 29, 1997 report does not diminish the probative value of his opinion.

⁹ It is not necessary that the evidence be so conclusive as to suggest causal connection beyond all possible doubt in the mind of a medical scientist. The evidence required is only that necessary to convince the adjudicator that the conclusion drawn is rational, sound and logical. *Kenneth J. Deerman*, 34 ECAB 641, 645 (1983) and cases cited therein at note 1.