

U. S. DEPARTMENT OF LABOR

Employees' Compensation Appeals Board

In the Matter of FELECIA WILLIAMS and U.S. POSTAL SERVICE,
POST OFFICE, Lafayette, LA

*Docket No. 99-420; Submitted on the Record;
Issued June 13, 2000*

DECISION and ORDER

Before DAVID S. GERSON, WILLIE T.C. THOMAS,
A. PETER KANJORSKI

The issue is whether appellant's April 21, 1997 injury to her right shoulder was sustained in the performance of duty.

On April 21, 1997 appellant, then a 35-year-old letter carrier, filed a notice of traumatic injury, Form CA-1, alleging that she fractured her right shoulder while delivering mail on her postal route. Appellant stated that she "[f]elt nauseated. Crossed pipe in yard at 601 Gen[eral] Mouton. Blacked out and fell on her right shoulder." Appellant stopped work on that day.

Appellant sought emergency medical treatment at Lourdes Hospital on April 21, 1997, the day of the injury. Dr. Scott Thompson, an emergency room physician, diagnosed right shoulder fracture and syncope. The physician opined that the syncope was "probably related to vomiting and weakness." Dr. Thompson reported appellant's history as "ate hamburger, got nauseated, threw up, had a syncopal spell, and was out for only a moment." An x-ray performed that day revealed a fractured right humerus.

At the request of the employing establishment, Dr. Howard Alleman, a general practitioner, examined appellant on April 22, 1997. Dr. Alleman reported that appellant had told him that she blacked out and fell on her right shoulder. Appellant explained that she was doing her normal delivery when she began feeling ill, and started having hot flashes and throwing up. She passed out and injured her right shoulder, neck and upper arm. Dr. Alleman diagnosed a fracture, proximal right humerus and indicated with a checkmark "yes" that the condition was causally related to her employment. Dr. Alleman further determined that she was totally disabled and could not work until she was seen by an orthopedist. In a report dated April 24, 1997, Dr. Alleman reiterated his findings and history of the injury and further opined that the accident was the only cause of the condition. Dr. Alleman referred appellant to Dr. Charles Olivier, an orthopedist.

On May 5, 1997 the employing establishment controverted the claim.

In a report dated June 11, 1997, Dr. Charles Olivier, an orthopedist, indicated that he first examined appellant on April 24, 1997 and has treated her several times. An x-ray revealed a healing fracture of the right humerus. Regarding the history of the injury, Dr. Olivier explained “[appellant] stated that she ate earlier than usual, became nauseated, vomited and it sounds like she passed out.” Dr. Olivier diagnosed a fracture of proximal right shoulder and indicated with a checkmark “yes” that the condition was caused by her employment. The physician reported that appellant had sustained a prior shoulder injury as a result of a September 1996 motor vehicle accident. Dr. Olivier further concluded that appellant could not resume work at this time.

The Office of Workers’ Compensation Programs contacted Dr. Olivier on June 25, 1997 for medical documentation explaining why appellant blacked out. No response was received.

By decision dated July 21, 1997, the Office found that appellant failed to submit evidence establishing that the claimed condition was causally related to the job activities being performed. Appellant therefore failed to establish that she sustained an injury in the performance of duty.

In an attending physician’s supplemental report, Form CA-20, dated July 15, 1997 and received by the Office on August 4, 1997, Dr. Olivier indicated that appellant’s right shoulder fracture was healing but that she was still totally disabled for work. In another attending physician’s report dated July 21, 1997 and received by the Office on August 4, 1997, Dr. Olivier requested approval for physical therapy and again indicated that appellant’s condition was due to her employment injury. The physician noted that appellant may possibly be able to return to work on August 1, 1997. In a report dated August 11, 1997, Dr. Olivier reiterated his prior findings. In an April 24, 1997 note, received by the Office on September 22, 1997, Dr. Olivier reported appellant’s history as follows: “[Appellant] ate a hamburger, became nauseated, vomited and it sounds like she passed out. [Appellant] never had this before and never had it again. She went to the emergency room and they found that she had a fracture of the right shoulder.” The physician further reported that appellant had injured her shoulder once before in a motor vehicle accident and was being treated by another physician for that injury. Appellant told him that she was taking a medication called Ultram.

On July 29, 1997 appellant’s representative requested an oral hearing.

In an October 20, 1997 report, Dr. John E. Cobb, a Board-certified orthopedic surgeon, released appellant to light duty.

On June 3, 1998 an Office hearing representative held a hearing at which appellant was represented by counsel. Appellant testified that, on the day of the incident, she woke up with no dizziness or nausea but did have pain in her neck. When she got to work, since her neck was still bothering her, as a result of a prior-accepted work accident, she took Ultram, a pain medication around 8:00 or 8:30 a.m. She stated that she normally took the medication at night and it was the first time she had ever taken it in the morning. She had only some crackers with the medication. After she loaded her truck, she went to Burger King and ate a hamburger. Once she started walking, she started becoming nauseated, dizzy and hot. When she got to General Mouton, she stated she fell over a rail and landed on the ground. Appellant further testified that she did not vomit and did not black out because she felt herself falling. Appellant also submitted a

prescription advisory sheet for the medication Ultram. Side effects were noted as dizziness, nausea, drowsiness or sweating.

At the request of the hearing representative, on June 4, 1998, appellant submitted medical reports from Dr. Gerald Nickerson, Jr., a Board-certified physiatrist, to support her contention that he prescribed the pain medication for her accepted work-related injuries.

By decision dated August 11, 1998, the Office hearing representative found that appellant's fall at work was idiopathic in nature, and that the resulting injury was not sustained in the performance of duty. The hearing representative also determined that the record contains no reasoned medical opinion that the illness which caused her fall was due to an adverse reaction to medication which appellant had been prescribed for residuals of a prior work injury. The hearing representative further found that the cause of the fall was explained: that she fell because she became ill on her route and had an episode of syncope. Finally, the hearing representative found no evidence in the record that she fell onto a rail or struck any instrumentality of the employment.

The Board finds that appellant sustained an injury in the performance of duty on April 21, 1997.

It is a well-settled principle of workers' compensation law, and the Board has so held, that an injury resulting from an idiopathic fall -- where a personal, nonoccupational pathology causes an employee to collapse and to suffer injury upon striking the immediate supporting surface and there is no intervention or contribution by any hazard or special condition of employment -- is not within coverage of the Federal Employees' Compensation Act.¹ Such an injury does not arise out of a risk connected with the employment and is therefore not compensable. However, as the Board has made equally clear, the fact that the cause of a particular fall cannot be ascertained, or that the reason it occurred cannot be explained, does not establish that it was due to an idiopathic condition. This follows from the general rule that an injury occurring on the industrial premises during working hours is compensable unless the injury is established to be within an exception to such general rule.² If the record does not establish that the particular fall was due to an idiopathic condition, it must be considered as merely an unexplained fall, one which is distinguishable from a fall in which it is definitely proved that a physical condition preexisted the fall and caused the fall.³

In the present case, there is no credible medical evidence attributing appellant's fall on April 21, 1997 to an idiopathic condition. While Dr. Thompson opined that appellant's syncope was likely due to vomiting and weakness, his opinion is not sufficiently rationalized to support that appellant's fall was due to a personal, nonoccupational condition.⁴ Moreover,

¹ 5 U.S.C. §§ 8101-8193.

² *Fay Leiter*, 35 ECAB 176 (1983); *see also Doris J. Ward*, 43 ECAB 767 (1992).

³ *Judy Bryant*, 40 ECAB 207 (1988); *Martha G. List (Joseph G. List)*, 26 ECAB 200 (1974).

⁴ *Emelda Arpin*, 40 ECAB 787 (1989).

Dr. Thompson reported that appellant had told him that she had never had a prior syncopal episode. Likewise, the opinions of Drs. Alleman and Olivier do not support a finding that appellant's fall was due to a preexisting medical condition. Therefore, appellant's fall on April 21, 1997 was unexplained and her resulting injuries are compensable.⁵

The decisions of the Office of Workers' Compensation Programs dated August 11, 1998 and July 21, 1997 are hereby reversed, and the case remanded to the Office to determine the nature and extent of any disability causally related to the April 21, 1997 fall.

Dated, Washington, D.C.
June 13, 2000

David S. Gerson
Member

Willie T.C. Thomas
Alternate Member

A. Peter Kanjorski
Alternate Member

⁵ *Id.*