

U. S. DEPARTMENT OF LABOR

Employees' Compensation Appeals Board

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In the Matter of R. MIKEL JACKSON and DEPARTMENT OF THE NAVY,  
NAVAL HOSPITAL, Bremerton, WA

*Docket No. 99-1203; Submitted on the Record;  
Issued June 22, 2000*

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DECISION and ORDER

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

The issue is whether appellant's cardiac condition was causally related to factors of his federal employment.

The Board has duly reviewed the case record in the present appeal and finds that the Office of Workers' Compensation Programs properly determined in its December 28, 1998 decision that appellant failed to meet his burden of proof in establishing his claim due to insufficient medical evidence.

There is no dispute that appellant is a federal employee and that he timely filed his claim for compensation benefits. However, the medical evidence is insufficient to establish that appellant's cardiac condition was caused by or aggravated by factors of federal employment because it does not contain a rationalized medical opinion explaining what employment factors caused appellant's April 4, 1998 heart attack. For example, in a medical report by Dr. M. Ryan Gross, Board-certified in internal medicine, he stated that appellant has had coronary artery disease since 1984 and had his most recent heart attack in April 1998.

Dr. Gross added:

"The cause of his coronary is related to many things and is exacerbated by a stressful work environment. The patient has coronary disease, most likely on the basis of hyperlipidemia, hypertension and obesity.... It has been well documented that emotional and environmental stress can exacerbate anginal symptoms. The patient has now had three significant heart attacks and is unlikely to do well with additional heart attacks should he have them in the future. To the degree that stress is playing a role in his ongoing illness, that stress should be reduced as much as possible."

This report, however, only generally relates appellant's condition to factors of his federal employment.

Further, in an April 7, 1998 medical report, Dr. Ian Becke, Board-certified in internal medicine, who examined appellant and determined that he should undergo immediate heart surgery, stated:

“It would appear that the patient’s cardiac complaints on this occasion were precipitated by severe stress at work.”

This report also fails to assess cause to an employment factor and thus is insufficient to establish that appellant’s condition was related to employment factors.

The Office referred appellant, together with a statement of accepted facts and the case record, to Dr. Werner Samson, Board-certified in cardiovascular disease and internal medicine, for a second opinion examination on the factors that caused or aggravated appellant’s cardiac condition. In the statement of accepted facts, the Office described appellant’s duties as an industrial hygienist, including his exposure to the risks and discomforts associated with the functions of the shipyard installation and which required the use of a variety of protective clothing and equipment. It was also noted that appellant was admitted to the emergency room on April 4, 1998 and then to the heart catheterization room with acute myocardial infarction. The statement included appellant’s history of hypertension, hypercholesterolemia, obesity, smoking and drinking histories and noted prior cardiac infarction in 1994 and 1996.

In a November 8, 1998 report, Dr. Samson diagnosed ischemic heart disease, status post posterior myocardial infarction 1984, non-Q myocardial infarction in 1996 and probably non-Q myocardial infarction in April 1998. He stated that appellant’s employment was not a causal factor in his disease including the acute non-Q myocardial infarction because there was no evidence of any unusual job stress prior to April 1998.

On December 3, 1998 the Office referred Dr. Samson’s report to Dr. Christopher C. Johnson for comment.<sup>1</sup>

In a December 28, 1998 decision, the Office denied appellant’s claim on the grounds that the evidence of record failed to demonstrate a causal relationship between appellant’s condition and his employment.

On January 13, 1999 appellant requested reconsideration. By nonmerit decision dated January 28, 1999, the Office denied appellant’s request.

The Board finds the medical evidence of record does not establish that appellant’s cardiac condition was caused or aggravated by factors of his employment.

An employee seeking benefits under the Federal Employees’ Compensation Act<sup>2</sup> 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

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<sup>1</sup> Dr. Johnson examined appellant on April 4, 1998 and recommended immediate surgery.

<sup>2</sup> 5 U.S.C. §§ 8101-8193.

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.<sup>3</sup> These are essential elements of each compensation claim regardless of whether the claim is predicated upon a traumatic injury or an occupational disease.<sup>4</sup>

Appellant contends that his job, which required finishing reports on deadline, analyzing materials microscopically to assess the presence of asbestos, the results of which are used to assess workplace risk, assessing of work environments when there is suspicion of workplace contamination, caused his cardiac condition.<sup>5</sup> Although his treating physicians opined that appellant's condition was caused by work-related stress, they did not note with any specificity, which factor or factors caused or aggravated appellant's condition. On the other hand, Dr. Samson noted that appellant had ischemic heart disease, which was not caused or aggravated by employment factors. Dr. Samson, after a review of all the medical evidence, found that appellant's coronary episodes were ischemic episodes without any evidence of precipitating job stress. He noted that appellant had some disease of the left coronary artery, he also noted that appellant had an appropriate blood pressure, no chest pain and no diagnostic electrocardiograph changes after a May 20, 1998 exercise test. Dr. Samson stated that appellant had reached maximum medical improvement and could work in his prior position. Based on the medical evidence of record, the Board finds that the reports of Dr. Samson represent the weight of medical opinion in this case. Appellant, therefore, has not submitted any probative medical evidence that would establish that employment factors in his job caused or aggravated his cardiac condition.

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<sup>3</sup> *Joe Cameron*, 41 ECAB 153 (1989); *Elaine Pendleton*, 40 ECAB 1143 (1989).

<sup>4</sup> *David M. Ibarra*, 48 ECAB 218 (1996).

<sup>5</sup> Appellant listed these work stressors in a report submitted by the employing establishment on June 3, 1998.

The decisions of the Office of Workers' Compensation Programs dated January 28, 1999 and December 28, 1998 are hereby affirmed.

Dated, Washington, D.C.  
June 22, 2000

David S. Gerson  
Member

Willie T.C. Thomas  
Alternate Member

Bradley T. Knott  
Alternate Member