

U. S. DEPARTMENT OF LABOR

Employees' Compensation Appeals Board

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In the Matter of MOHAMMAD A. KHAN and DEPARTMENT OF HEALTH & HUMAN SERVICES, SOCIAL SECURITY ADMINISTRATION, Wyandotte, MI

*Docket No. 00-187; Submitted on the Record;  
Issued April 5, 2001*

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DECISION and ORDER

Before DAVID S. GERSON, MICHAEL E. GROOM,  
PRISCILLA ANNE SCHWAB

The issue is whether appellant has established that his depression and heart attack were caused by employment factors.

On August 1, 1994 appellant, then a 50-year-old claims representative, filed an occupational disease claim alleging that his stress, depression and heart condition were due to his work in dealing with the public. In an attached statement, appellant alleged that the employing establishment was understaffed, that he had a heavy workload, that he worked overtime on Saturdays due to his increasing workload, that he became emotionally involved with cases he was working on, that he disagreed with a reprimand issued on January 23, 1992 and that he was wrongly found to be absent without leave (AWOL) in January 1992.

By decision dated February 24, 1995, the Office of Workers' Compensation Programs denied appellant's claim on the basis that there was no causal relationship between his employment and his claimed conditions.

By letter dated March 20, 1995, appellant requested an oral hearing, which was held on May 13, 1996.

By decision dated July 9, 1996, the hearing representative found that appellant had established a compensable factor in that his job was stressful, but that the medical evidence was insufficient to support a causal relationship between the accepted factor and his disability.

In a letter dated December 12, 1996 and received by the Office on April 11, 1997 appellant requested reconsideration and submitted arguments and evidence in support.

In a November 17, 1996 report, Dr. Pedro V. Caing, an attending physician specializing in internal medicine, noted that appellant returned to part-time work in September 1994. Dr. Caing opined that "the stress of his job and workload that was put before him was too much for him" and that appellant experienced chest pain, but kept working. He concluded that

appellant was totally disabled and that “due to the nature of his work and the stress that it entails, it is quite deleterious to his health.”

In a November 23, 1996 report, Dr. Muzaffar K. Awan, an attending physician specializing in general practice medicine, opined that appellant’s depression and heart condition were “directly and causally related to his many years of stress from employment.”

In a February 14, 1997 report, Dr. A.R. Rickenfelder, an attending licensed clinical psychologist, noted that “several physicians have indicated that they believe that his reactive depression, hypertension and heart attack were due to his ‘unhappy work situation and stress’ and that ‘he was continually stressed regarding carrying out his job effectively.’” Based upon the medical records he reviewed, Dr. Rickenfelder concluded that appellant was “totally and permanently disabled from his employment since it had a direct causal relationship to his medical condition.”

In a February 20, 1997 report, Dr. Elias H. Kassab, an attending Board-certified internist specializing in cardiovascular diseases, opined:

“I believe that [appellant]’s anxiety and stress regarding his work at the [employing establishment] was a large contributing factor [for his] myocardial infarction which he suffered in July 1994 and was a contributing factor for his readmission in December 1994 for [a] repeat angioplasty. His most significant and strong risk factor was his work, which led to his reactive emotional condition and depression, hypertension and subsequently myocardial infarction. He was continually stressed in regard[s] [to] carrying out his job duties.”

In a merit decision dated June 20, 1997, the Office denied appellant’s request for reconsideration on the grounds that the medical evidence was insufficient to support a causal relationship between the compensable factors and his disability.

Appellant’s subsequent requests for reconsideration were denied after merit review on December 12, 1997, October 14, 1998 and August 11, 1999.

In his September 5, 1997 report, Dr. Caing opined that appellant’s heart condition “was precipitated by the nature of his work” for the employing establishment. He noted that appellant worked nine hours a day and on the weekend and that his hypertension was aggravated by his stressful work conditions.

In an October 6, 1997 report, Dr. Rickenfelder opined that appellant “experienced increasing stress due to the physical and emotional demands of his workload.”

In an August 20, 1998 report, Dr. Kassab noted that appellant's "risk factors include hypertension, hyperlipidemia, obesity, diabetes and more importantly work environment stressors which could have a direct causation, aggravating, accelerating/precipitating his myocardial infarction." She concluded:

"I believe that [appellant]'s anxiety and stress regarding his work at the [employing establishment] was a large contributing factor [for] his myocardial infarction which he suffered in July 1994 and was a contributing factor for his readmission in December 1994 for a repeat angioplasty. His most significant and strong risk factor was his work, which led to his reactive emotional condition and depression, hypertension and subsequently myocardial infarction. He was continually stressed in regards to carrying his job duties.

"In addition, I have come to the conclusion that [appellant] experienced emotional stress in carrying out his employment duties and his disability resulted from his emotional reaction to the various events at the [employing establishment]."

In a July 13, 1999 report, Dr. Ghulam Qadir, an attending Board-certified psychiatrist, attributed appellant's depression and heart attack to appellant's "seeing himself in the shoes of the disabled clients at [the employing establishment,] either identifying himself with them or getting angry" and taking work home.

The Board finds that appellant has failed to establish that his depression and heart attack were due to factors of employment.

Workers' compensation law does not apply to each and every injury or illness that is somehow related to an employee's employment. There are situations where an injury or an illness has some connection with the employment but nevertheless does not come within the concept or coverage of workers' compensation. Where the disability results from an employee's emotional reaction to his regular or specially assigned duties or to a requirement imposed by the employment, the disability comes within the coverage of the Federal Employees' Compensation Act.<sup>1</sup> On the other hand, the disability is not covered if it results from such factors as an employee's fear of a reduction-in-force or his frustration from not being permitted to work in a particular environment or to hold a particular position.<sup>2</sup>

Appellant has the burden of establishing by the weight of the reliable, probative and substantial evidence that the condition for which he claims compensation was caused or adversely affected by employment factors.<sup>3</sup> This burden includes the submission of a detailed

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<sup>1</sup> 5 U.S.C. §§ 8101-8193.

<sup>2</sup> See *Thomas D. McEuen*, 41 ECAB 387 (1990), *reaff'd on recon.*, 42 ECAB 566 (1991); *Lillian Cutler*, 28 ECAB 125 (1976).

<sup>3</sup> *Pamela R. Rice*, 38 ECAB 838, 841 (1987).

description of the employment factors or conditions which appellant believes caused or adversely affected the condition or conditions for which compensation is claimed.<sup>4</sup>

In cases involving emotional conditions, the Board has held that, when working conditions are alleged as factors in causing a condition or disability, the Office, as part of its adjudicatory function, must make findings of fact regarding which working conditions are deemed compensable factors of employment and are to be considered by a physician when providing an opinion on causal relationship and which working conditions are not deemed factors of employment and may not be considered.<sup>5</sup> If a claimant does implicate a factor of employment, the Office should then determine whether the evidence of record substantiates that factor. When the matter asserted is a compensable factor of employment and the evidence of record establishes the truth of the matter asserted, the Office must base its decision on an analysis of the medical evidence.<sup>6</sup>

In this case, appellant has identified overwork as a compensable factor of employment. However, to establish his claim for an emotional condition, appellant must also submit rationalized medical evidence establishing that he has an emotional or psychiatric disorder and that such disorder is causally related to the accepted compensable employment factor.<sup>7</sup> Even though appellant has established a compensable factor of employment, he must further show that this factor caused his depression and heart condition.

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;<sup>8</sup> (2) a factual statement identifying the employment factors alleged to have caused or contributed to the presence or occurrence of the disease or condition;<sup>9</sup> 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.<sup>10</sup> The medical evidence required to establish causal relationship, generally, is rationalized medical opinion evidence.

Rationalized medical opinion 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

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<sup>4</sup> *Effie O. Morris*, 44 ECAB 470, 473-74 (1993).

<sup>5</sup> *See Norma L. Blank*, 43 ECAB 384, 389-90 (1992).

<sup>6</sup> *Id.*

<sup>7</sup> *See William P. George*, 43 ECAB 1159, 1168 (1992).

<sup>8</sup> *See Ronald K. White*, 37 ECAB 176, 178 (1985).

<sup>9</sup> *See Walter D. Morehead*, 31 ECAB 188, 194 (1979).

<sup>10</sup> *See generally Lloyd C. Wiggs*, 32 ECAB 1023, 1029 (1981).

be based on a complete factual and medical background of the claimant,<sup>11</sup> must be one of reasonable medical certainty,<sup>12</sup> 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.<sup>13</sup>

In this case, appellant submitted medical evidence showing he had a heart condition and factual evidence describing the compensable factor. However, the medical evidence submitted was insufficient to show a causal relationship between that factor and his heart condition and depression.

Appellant submitted reports from Drs. Awan, Caing, Kassab, Qadir and Rickenfelder in support of his claim. Dr. Awan attributed appellant's emotional condition to appellant's many stressful years of work at the employing establishment. Dr. Caing opined that appellant's heart condition was aggravated by his work conditions and the stress caused by his work. In his February 20, 1997 report, Dr. Kassab attributed appellant's heart condition to appellant's anxiety and stress regarding his work while in his August 14, 1998 report, the physician stated that appellant's anxiety and stress were caused by "carrying out his employment duties and disability resulted from his emotional reaction to the various events at the [employing establishment]." Dr. Qadir attributed appellant's heart attack and depression to identifying with disabled clients at the employing establishment and taking work home. Dr. Rickenfelder concluded that appellant's stress was "due to the physical and emotional demands of his workload."

The reports of Drs. Awan and Rickenfelder are insufficient to support a causal relationship between appellant's disability and his employment factor because neither specified what work factors led to his stress. Thus, both physicians failed to provide adequate medical rationale in support of their conclusions.<sup>14</sup> Similarly, the reports of Drs. Kassab and Qadir are insufficient because they attributed appellant's stress to identifying with his clients, which is not a compensable factor and his emotional reaction to work events. Dr. Caing opined that appellant's heart condition was aggravated by work conditions and stress caused by work duties without specifically indicating what work conditions and duties caused appellant's stress.

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<sup>11</sup> *William Nimitz, Jr.*, 30 ECAB 567, 570 (1979).

<sup>12</sup> *See Morris Scanlon*, 11 ECAB 384 (1960).

<sup>13</sup> *See William E. Enright*, 31 ECAB 426, 430 (1980).

<sup>14</sup> *Willie C. Thomas*, 45 ECAB 591 (1994).

Furthermore, the reports of Drs. Awan, Caing and Kassab, which opined that appellant's depression was due to his employment, are of diminished probative value because none of the physicians is a qualified psychiatrist.<sup>15</sup> Drs. Caing and Kassab specialize in internal medicine while Dr. Awan's primary specialty is general practice.

Consequently, appellant has failed to establish that he sustained an emotional condition and heart attack in the performance of duty because he did not submit probative rationalized medical evidence setting forth how and why the accepted factor of his federal employment would cause any emotional or medical condition.

The decisions of the Office of Workers' Compensation Programs, dated August 11, 1999 and October 14, 1998, are hereby affirmed.

Dated, Washington, DC  
April 5, 2001

David S. Gerson  
Member

Michael E. Groom  
Alternate Member

Priscilla Anne Schwab  
Alternate Member

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<sup>15</sup> See *Effie Davenport (James O. Davenport)*, 8 ECAB 136 (1955) (where the Board held that the opinions of physicians who have special training and knowledge in a specialized medical field have greater probative force on the question of causation of a condition peculiar to the field than opinions of nonspecialists or others that have no training in the particular field.)