

U. S. DEPARTMENT OF LABOR

Employees' Compensation Appeals Board

In the Matter of IDA M. WALKER and DEPARTMENT OF AGRICULTURE,
FOOD SAFETY & INSPECTION SERVICE, Morton, MS

*Docket No. 01-1252; Submitted on the Record;
Issued December 28, 2001*

DECISION and ORDER

Before MICHAEL J. WALSH, MICHAEL E. GROOM,
PRISCILLA ANNE SCHWAB

The issue is whether appellant established that her lung condition was causally related to her employment.

On August 28, 2000 appellant, a 61-year-old poultry slaughter food inspector, filed an occupational disease claim, alleging that she suffered from histoplasmosis, pneumonia and chronic obstructive pulmonary disease (COPD) as a result of her federal employment. She stated that when she got out on the plant floor she began to cough and experienced shortness of breath. Appellant subsequently developed a fever and felt sick and indicated that she had been hospitalized for pneumonia three times since January 2000. She stopped working on July 31, 2000.

In a report dated August 23, 2000, Dr. Michael H. Albert, a Board-certified family practitioner, stated that appellant had been diagnosed with COPD and questionable histoplasmosis and was experiencing a bronchospasm component. He also noted that appellant had been hospitalized twice with bronchitis. Dr. Albert explained that appellant worked at a plant where she was exposed to chlorine and chlorinated water and that this exposure "exacerbates her symptoms." In a subsequent report, Dr. Albert diagnosed COPD and noted that appellant had been hospitalized for pneumonia on January 15, 2000.¹ He also reiterated his earlier statement that chlorine and chlorinated water exacerbated her symptoms.

By letter dated November 1, 2000, the Office of Workers' Compensation Programs requested that appellant submit additional factual and medical information within 30 days.

In response, she submitted a January 21, 2000 discharge summary in which Dr. Albert diagnosed pneumonia, bronchospasm and probable COPD. He stated that "it was felt [that

¹ Although the report is undated, it notes that appellant was most recently treated on August 28, 2000.

appellant] may be having chronic lung changes due to her history of being exposed to chlorine.” Appellant also resubmitted Dr. Albert’s August 23, 2000 report.

Additionally, appellant explained that she was exposed to chlorinated water mist as a result of plant employees washing down the floor. She also stated that she had been hospitalized in January, April and August 2000 for pneumonia. Following her most recent hospitalization, her doctor advised her to stay out of the processing plant or risk a lung collapse or possible death. Appellant added that prior to January 2000, she had no known allergies, asthma or bronchitis. She had never smoked or used any kind of tobacco in her life. The Office also received literature on histoplasmosis and other occupational infections.

In a decision dated March 6, 2001, the Office denied appellant’s claim on the basis that she failed to establish that her claimed condition was caused by her employment.

The Board finds that appellant has not met her burden of proof in establishing that her lung condition was causally related to her employment.

In an occupational disease claim, in order to establish that an injury was sustained in the performance of duty, a claimant must submit the following: (1) medical evidence establishing the presence or existence of the disease or condition for which compensation is claimed; (2) a factual statement identifying employment factors alleged to have caused or contributed to the presence or occurrence of the disease or condition; and (3) medical evidence establishing that the employment factors identified by appellant 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.²

An award of compensation may not be based on surmise, conjecture or speculation. Neither the fact that appellant’s condition became apparent during a period of employment nor the belief that the condition was caused, precipitated or aggravated by her employment is sufficient to establish a causal relationship.³ A physician’s opinion on the issue of whether there is a causal relationship between the claimant’s diagnosed condition and the implicated employment factors must be based on a complete factual and medical background of the claimant.⁴ Additionally, in order to be considered rationalized, the opinion must be expressed in terms of a reasonable degree of medical certainty and must be supported by medical rationale, explaining the nature of the relationship between the diagnosed condition and the claimant’s specific employment factors.⁵

Dr. Albert’s January 21, 2000 discharge summary is speculative about the etiology of appellant’s “pneumonia, bronchospasm and probable COPD.” He noted that appellant “may be having chronic lung changes due to her history of being exposed to chlorine.” In his two

² *Victor J. Woodhams*, 41 ECAB 345 (1989).

³ *Robert G. Morris*, 48 ECAB 238, 239 (1996).

⁴ *Victor J. Woodhams*, *supra* note 2.

⁵ *Id.*

subsequent reports, Dr. Albert diagnosed COPD and stated that appellant's exposure to chlorine and chlorinated water "exacerbates her symptoms." These reports are similarly insufficient to satisfy appellant's burden of proof inasmuch as Dr. Albert did not specifically attribute appellant's COPD to her employment exposure, but merely noted that it exacerbated her "symptoms." Furthermore, Dr. Albert did not explain how appellant's employment exposure exacerbated her symptoms.

A physician's opinion regarding the etiology of a diagnosed condition must be expressed in terms of a reasonable degree of medical certainty and must be supported by medical rationale, explaining the nature of the relationship between the diagnosed condition and the claimant's specific employment factors.⁶ In this case, Dr. Albert has not provided a rationalized medical opinion explaining the nature of the relationship between appellant's COPD and her employment factors. In the absence of rationalized medical opinion evidence establishing a causal relationship between appellant's COPD and her employment, appellant has failed to demonstrate that she sustained an injury in the performance of duty.⁷

The March 6, 2001 decision of the Office of Workers' Compensation Programs is hereby affirmed.

Dated, Washington, DC
December 28, 2001

Michael J. Walsh
Chairman

Michael E. Groom
Alternate Member

Priscilla Anne Schwab
Alternate Member

⁶ *Id.*

⁷ The literature regarding the various causes of histoplasmosis is of no probative value. This evidence is not specific to appellant's condition and, furthermore, appellant was not diagnosed with histoplasmosis. In his August 23, 2000 report, Dr. Albert noted only "questionable histoplasmosis." In his subsequent report, he did not include a diagnosis of histoplasmosis, only COPD.