

U. S. DEPARTMENT OF LABOR

Employees' Compensation Appeals Board

In the Matter of TANYA WHITE and DEPARTMENT OF VETERANS AFFAIRS,
VETERANS ADMINISTRATION MEDICAL CENTER, Chicago, IL

*Docket No. 00-2232; Submitted on the Record;
Issued June 22, 2001*

DECISION and ORDER

Before MICHAEL J. WALSH, WILLIE T.C. THOMAS,
MICHAEL E. GROOM

The issue is whether appellant has met her burden of proof to establish that her skin condition is causally related to her federal employment.

On April 26, 1999 appellant, then a 42-year-old food service worker, filed a notice of occupational disease, claiming that she developed hives from taking medication. Appellant stated that, sometime during July 7 through 30, 1998, she was exposed to a patient who had tuberculosis (TB) in the hospital where she worked. In November 1998, appellant tested positive for TB and started taking medication. She claims that shortly thereafter, she developed a reaction to the medication and that the symptoms dissipated but returned every time she took the medication. Appellant indicated that she did not become aware that her condition was caused by her employment until February 23, 1999 when she fainted in a hospital, allegedly due to her medical reaction. Appellant indicated that before February 23, 1999 she thought that her detergent or her soap caused her itching and hives. However, appellant indicated that when she ceased using the soap and detergent, her symptoms continued. The Board notes that appellant was last tested for TB in June 1996 and was found negative.

In support of her claim, appellant submitted a hospital treatment note dated February 23, 1999, diagnosing her with an "allergic reaction."

By letter dated May 28, 1999, the Office of Workers' Compensation Programs requested that appellant submit further factual and medical information to support her claim.

Appellant submitted a report from Dr. Christine H. Branson, dated May 14, 1999, who stated:

"In November 1998, [appellant's] TB skin test was positive, whereas it was negative in June 1996, the latest year for which we had a completed skin test. In the intervening time, we believe she may have had contact with a patient who had been found on autopsy to have had active TB.

“As is customary, I recommended that she receive prophylaxis for six months and wrote her prescriptions to be filled here.

“In March 1999, she came to Employee Health w/ c/o an intensely pruritic rash. She was referred to Dermatology, where she was noted to give the history of intermittent ‘welts’ and itching started two weeks after she began taking the prophylactic meds. No rash was seen in the Derm[atology] Clinic at that time and she was asked to come to the Clinic when the rash was present. It was also noted that it was unclear if the employee was having an allergic reaction to INH.”

Appellant also submitted a copy of an email discussing her exposure, a position description, a list of the food service workers working in the ward in question during the exposure period, an email discussing the former patient who tested positive for TB on autopsy and a statement from her employer.¹

In addition, appellant submitted a treatment note from Dr. C. Wang,² diagnosing an “allergic reaction”; a note from Dr. Paul A. Storrs, a Board-certified dermatologist, dated May 28, 1999, indicating appellant “has chronic urticaria (hives) of unclear etiology”; a second treatment note from Dr. Wang, a personal handwritten statement and progress notes from a dermatology clinic.³

By decision dated July 30, 1999, the Office denied appellant’s claim finding that the medical evidence submitted was insufficient to establish that her condition was caused by her employment.

By letter dated August 25, 1999, appellant requested an oral hearing, which was held on February 23, 2000.

Appellant submitted progress notes from the employing establishment Health Care Unit dated March 1, 12 and 15, 1999. In the progress note dated March 1, 1999, Dr. Rebecca Cummins, a Board-certified dermatologist, indicated:

“VA employee h/o exposure to pt with TB with conversion +PPD; places on INH in 11/98; reports 2 weeks post starting med has had intermittent “welts” and itching; treated in ER with benadryl with improvement; PE: no rash today; A/P unclear if pt is having allergic rxn to INH ... asked pt to come to clinic when rash is present for more precise evaluation.”

Appellant also submitted a history of treatment report from Dr. Branson and a duplicate copy of Dr. Branson’s report dated May 14, 1999.

¹ Appellant’s employer controverted appellant’s claim indicating that appellant filed her claim shortly after she received disciplinary action.

² The Board was unable to determine Dr. Wang’s full name or whether he is Board-certified.

³ Name of physician is illegible.

By decision dated May 17, 2000, the hearing representative affirmed the Office's July 30, 1999 decision.

The Board finds that appellant has not met her burden of proof to establish that her skin condition is causally related to her federal employment.

An employee seeking benefits under the Federal Employees' Compensation Act⁴ 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 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.⁵ These are the essential elements of each compensation claim regardless of whether the claim is predicated upon a traumatic injury or an occupational disease.⁶

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; (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 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.⁷

The medical evidence required to establish a causal relationship 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 be based on a complete factual and medical background of the claimant, must be one of reasonable medical certainty 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.⁸

In this case, appellant's employer does not dispute the fact that appellant was exposed to TB at her workplace and was directed to take medication as a result of the exposure. The issue in this case is whether appellant's skin reaction was caused by the medication.

⁴ 5 U.S.C. §§ 8101-8193.

⁵ *Elaine Pendleton*, 40 ECAB 1143, 1145 (1989).

⁶ *Delores C. Ellyett*, 41 ECAB 992, 994 (1990); *Ruthie M. Evans*, 41 ECAB 416, 423-25 (1990).

⁷ *Vicky L. Hannis*, 48 ECAB 538 (1997).

⁸ *Supra* note 6.

Only two medical reports of record address the issue of causal relationship. However, they fail to establish that appellant's skin condition was caused by her medication. The report from Dr. Cummins, dated March 1, 1999, states that appellant indicated that two weeks after she started taking the medication she had intermittent "welts" and itching. The report, however, does not provide a rationalized medical opinion describing how and why appellant's welts and itching were caused or contributed to by the medication. In addition, Dr. Cummins states: "unclear if pt is having allergic rxn to INH," indicating that the physician did not know what caused appellant's condition. In the report from Dr. Branson dated May 14, 1999, she stated:

"In March 1999, she [appellant] came to Employee Health w/ c/o an intensely pruritic rash. She was referred to Dermatology, where she was noted to give the history of intermittent 'welts' and itching starting two weeks after she began taking the prophylactic meds.... It was also noted that it was unclear if the employee was having an allergic reaction to INH."

Dr. Branson merely repeats appellant's statements to Dr. Cummins in the dermatology department. Dr. Branson does not provide a rationalized medical opinion explaining how appellant's medication was the cause of her welts and itching. The medical evidence of record diagnoses appellant with chronic urticaria, yet offers no medical rationale explaining the relationship between her skin condition and her medication.

The May 17, 2000 and July 30, 1999 decisions of the Office of Workers' Compensation Programs are hereby affirmed.

Dated, Washington, DC
June 22, 2001

Michael J. Walsh
Chairman

Willie T.C. Thomas
Member

Michael E. Groom
Alternate Member