

U. S. DEPARTMENT OF LABOR

Employees' Compensation Appeals Board

In the Matter of SHARON SAVAGE and U.S. POSTAL SERVICE,
POST OFFICE, Wheeling, WV

*Docket No. 00-1141; Submitted on the Record;
Issued March 9, 2001*

DECISION and ORDER

Before MICHAEL J. WALSH, BRADLEY T. KNOTT,
PRISCILLA ANNE SCHWAB

The issue is whether appellant has established that she developed deep vein thrombosis in her right leg, while in the performance of duty.

On February 11, 1999 appellant, then a 48-year-old mail clerk, filed an occupational disease claim alleging that she developed blood clots in her right leg due to prolonged sitting while performing her duties. Appellant stated that, on November 23, 1998, she felt pain and weakness in her right leg when she stood up from a stool upon which she had been sitting for a long time. She also stated that she experienced similar symptoms on November 24 and 25, 1998 while at work, after standing up from her stool. Appellant stopped work on November 30, 1998 and returned to limited duty on February 2, 1999.

By decision dated November 26, 1999, the Office of Workers' Compensation Programs denied appellant's claim. The Office accepted the employment incident but relied upon its second opinion vascular specialist in determining that the medical evidence was insufficient to establish that appellant's deep venous thrombosis condition was caused by employment factors.

The Board finds that appellant has failed to meet her burden of proof in establishing that she developed deep venous thrombosis in her right leg in the performance of duty.

An employee seeking benefits under the Federal Employees' Compensation Act¹ has the burden of establishing the essential elements of his or her claim, including the fact 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 is causally related to the employment injury.²

¹ 5 U.S.C. §§ 8101-8193.

² *Elaine Pendleton*, 40 ECAB 1143, 1145 (1989).

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

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.⁴ The medical evidence required to establish a 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 be based on a complete factual and medical background of the claimant,⁵ must be one of reasonable medical certainty⁶ 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.⁷

In a report dated December 26, 1998, Dr. Chaganlal Patel, an attending physician noted that appellant began having pain and swelling in her right leg while at work November 23 to 25, 1998 and attributed her symptoms to sitting on her work stool for a long time. He stated that appellant was seen on November 30, 1998, diagnosed with deep venous thrombosis (DVT) of the right leg and later hospitalized for this condition on December 1, 1998. Dr. Patel reported that appellant returned to work on December 21, 1998, but still experienced pain in her calf and behind the knees. He related that appellant also developed sharp pain behind her knees and swelling on Christmas Day and was hospitalized that day with recurrent DVT.

Dr. Patel also reported that, in September or October 1998, appellant began having mild substernal chest pain and shortness of breath. A stress test was conducted, during which appellant's blood pressure became elevated and she experienced chest pain. He stated that, due to the circumstances of the stress test, appellant underwent cardiac catheterization on November 20, 1998. Dr. Patel further reported that appellant had past medical problems, including angina, hypertension, peptic ulcer disease, dysfunctional uterine bleeding and obesity.

³ *Ruthie M. Evans*, 41 ECAB 416 (1990).

⁴ *See Victor J. Woodhams*, 41 ECAB 345, 352 (1989).

⁵ *William Nimitz, Jr.*, 30 ECAB 567, 570 (1979).

⁶ *See Morris Scanlon*, 11 ECAB 384, 385 (1960).

⁷ *See George A. Ross*, 43 ECAB 346 (1991); *James D. Carter*, 43 ECAB 113 (1991); *William E. Enright*, 31 ECAB 426, 430 (1980).

In a January 7, 1999 report, Dr. Patel stated:

“Patient is a postal employee, her job requires either long periods of sitting on a stool sorting out mail or on her feet which definitely causes venous stasis and could have caused the thrombophlebitis. She will probably be incapacitated with this for some time because of the pain and swelling. Also at times deep vein thrombosis of the veins of the lower extremities [is] aggravated by mobility and standing on her feet for long periods of time without any break for elevation of the legs, which sometimes helps to reduce the back-flow of the blood in the veins.”

The Office referred appellant for a second opinion examination to determine whether there was a relationship between her recurring DVT and her federal employment. On April 26, 1999 Dr. Stanley A. Hirsch, a Board-certified specialist in vascular surgery, examined appellant and administered a duplex scan of the veins in her lower limbs.

In a report dated April 26, 1999, Dr. Hirsch discussed appellant’s November 20, 1998 catheterization procedure, her subsequent diagnosis of DVT and her hospitalization in December 1998 for symptoms associated with her diagnosed condition. He documented appellant’s current symptoms and her other medical problems, namely, mild congestive heart failure and pleural effusions in 1999.

Dr. Hirsch found no evidence of thrombus in any deep veins, including the common femoral, deep femoral, superficial femoral, popliteal and tibial veins. He stated, however, that appellant possibly had thrombus in the tibial veins, which had previously resolved. Dr. Hirsch diagnosed (post) possible DVT, degenerative arthritis of the knees, worse on the right and obesity. Dr. Hirsch further stated:

“I cannot say that the diagnosis of previous DVT is established since there is no way for me to evaluate the studies that were done previously.... [T]he diagnosis was based on incompressibility of the veins in question and this is not something that one can judge from the hard copy.... In my view her problem is not related to work. If she did have a DVT on the right, it is more likely related to the cardiac catheterization she had several days prior to the onset of her symptoms. Also, measurements of her legs and knees do not reveal any evidence whatsoever of edema in her legs or ankles. This militates against the diagnosis of venous insufficiency.

“The patient is quite obese and this is probably a factor related to the arthritis of her knees.”

* * *

“I believe it is likely that all of her symptoms are related to arthritis in her knees and not to the presumed DVT. It is very clear that she magnifies her symptoms greatly.”

The Board finds that the opinion of Dr. Hirsch constitutes the weight of the medical evidence on the question of whether appellant DVT causally related to her federal employment. Dr. Hirsch based his opinion on an accurate history and based his conclusion on objective findings of a duplex scan of the veins in appellant's lower limbs and physical examination.

The opinion of Dr. Patel, while supportive of appellant's claim, is insufficient to outweigh or create a conflict with the opinion of Dr. Hirsch. Unlike Dr. Hirsch, Dr. Patel is not a specialist in the appropriate field, vascular medicine.⁸ Moreover, Dr. Patel did not discuss the nature of the relationship between appellant's DVT condition and the specific employment factors identified by the claimant. He stated generally that long periods of standing without elevation of the legs could have caused the diagnosed condition. In light of all the medical problems that appellant had experienced that could have contributed to her condition, a rationalized medical explanation of why Dr. Patel felt that the specified work factor of prolonged standing had contributed to her DVT condition is critical. As he did not provide such an explanation, his reports do not meet appellant's burden of proof that she sustained a work-related condition.⁹

⁸ The opinions of physicians who have training and knowledge in a specialized medical field have greater probative value concerning medical questions peculiar to that field than the opinions of other physicians. *Elmer L. Fields*, 20 ECAB 250 (1969).

⁹ Medical reports not containing rationale on causal relation are entitled to little probative value and are generally insufficient to meet an employee's burden of proof. *Ceferino L. Gonzales*, 32 ECAB 1591 (1981).

The decision of the Office of Workers' Compensation Programs dated November 26, 1999 is hereby affirmed.

Dated, Washington, DC
March 9, 2001

Michael J. Walsh
Chairman

Bradley T. Knott
Alternate Member

Priscilla Anne Schwab
Alternate Member