

U .S. DEPARTMENT OF LABOR

Employees' Compensation Appeals Board

In the Matter of CHARLES L. BEECHAM and DEPARTMENT OF THE AIR FORCE,
McCLELLAN AIR FORCE BASE, CA

*Docket No. 00-2252; Submitted on the Record;
Issued May 15, 2001*

DECISION and ORDER

Before WILLIE T.C. THOMAS, BRADLEY T. KNOTT,
A. PETER KANJORSKI

The issue is whether appellant sustained an injury while in the performance of his duties.

On January 6, 1999 appellant, then a 63-year-old powered support systems mechanic, filed an occupational disease claim asserting that his heart attack on January 16, 1998 and other medical conditions were the result of his 22 years of working for the federal government.

On February 23, 1999 the Office of Workers' Compensation Programs requested that appellant submit additional information to support his claim. The Office noted that the medical evidence failed to identify that the claimed conditions were causally related to his federal employment. The Office advised appellant that it was his burden to provide medical evidence that clearly and objectively established his federal employment as the cause of his diagnosed conditions. The Office stated: "In your case, it is imperative that an objective medical report from your treating physician establishes your federal employment as the cause of your various conditions."

Appellant, thereafter, submitted an April 5, 1999 report from Dr. Stephen L. Morrison, who stated that appellant presented on January 16, 1998 with an acute anterior subendocardial myocardial infarction. He opined: "The patient was working when this occurred and certainly the stress of employment and the stress he works under could be contributing factors to his underlying cardiac event."

Appellant also submitted a July 11, 1999 report from Dr. William N. Hicks, who stated:

“[Appellant] is under my care for [d]iabetes [m]ellitus as well as [a]rteriosclerotic [c]oronary [a]rtery [d]isease. He had an [a]cute [m]yocardial [i]nfarction in January 1998. [Appellant] was found to have a high-grade arteriosclerotic blockage of a main coronary artery branch. It required treatment with a stent. [Appellant]t was working when the event occurred. The amount of stress that he

was working under at the time did contribute to the cardiac event. I definitely believe that his work stress significantly contributed to the heart attack.”

In a decision dated August 18, 1999, the Office denied appellant’s claim.

In a decision dated March 28, 2000, an Office hearing representative affirmed the denial of appellant’s claim.

The Board finds that appellant has not met his burden to establish that he sustained an injury while in the performance of his duties.

An employee seeking benefits under the Federal Employees’ Compensation Act¹ has the burden of proof to establish the essential elements of his claim. When an employee claims that he sustained an injury in the performance of duty, he must submit sufficient evidence to establish that he experienced a specific event, incident or exposure occurring at the time, place and in the manner alleged. He must also establish that such event, incident or exposure caused an injury.²

Appellant attributes his heart attack and other conditions to his 22 years of continuous service with the federal government. His duties and responsibilities as a federal employee do not appear to be in dispute. The record contains an official position description. The question for determination is whether these duties and responsibilities caused or contributed to the medical conditions for which appellant seeks compensation.

An award of compensation may not be based on surmise, conjecture or speculation or upon appellant’s belief of causal relationship.³ Causal relationship is a medical issue⁴ and the medical evidence generally required to establish causal relationship is rationalized medical opinion evidence. Rationalized medical opinion evidence is medical evidence that includes a physician’s reasoned opinion on whether there is a causal relationship between the claimant’s diagnosed condition and the established incident or factor of employment. 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 established incident or factor of employment.⁷

¹ 5 U.S.C. §§ 8101-8193.

² See generally *John J. Carlone*, 41 ECAB 354 (1989); *Abe E. Scott*, 45 ECAB 164 (1993); see also 5 U.S.C. § 8101(5) (“injury” defined).

³ *Shirloyn J. Holmes*, 39 ECAB 938 (1988); *Pamela A. Harmon*, 37 ECAB 263 (1986); *Vernon O. Fein*, 34 ECAB 78 (1982); see also *Manuel Garcia*, 37 ECAB 767 (1986).

⁴ *Mary J. Briggs*, 37 ECAB 578 (1986).

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

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

⁷ See *William E. Enright*, 31 ECAB 426, 430 (1980).

To support his claim appellant submitted a medical opinion from Dr. Morrison, who linked appellant's underlying acute cardiac event to "the stress of employment" and "the stress he works under."⁸ These phrases are too vague to demonstrate that the physician had an accurate understanding of the factual circumstances upon which he predicated his conclusion.⁹ Dr. Morrison recited no factual circumstances and gave no indication that he had reviewed appellant's position description. Because he failed to show that he based his conclusion on a complete and accurate factual history, his opinion is of little probative or evidentiary value.¹⁰

Further, Dr. Morrison's opinion is not well reasoned. He noted that appellant was at work when the acute cardiac event occurred, but the mere fact that a condition manifests itself or worsens during a period of federal employment does not raise an inference of causal relationship between the two.¹¹ Dr. Morrison must provide sound medical reasoning to show how appellant's duties and responsibilities caused or contributed to the acute cardiac event.

Dr. Morrison must also provide an opinion that is firm and positive. He reported that the stress of employment and the stress appellant worked under "could be contributing factors." Although the medical opinion of a physician supporting causal relationship does not have to reduce the cause or etiology of a disease or condition to an absolute medical certainty, neither can such opinion be speculative or equivocal.¹² Dr. Morrison must express his opinion with a reasonable degree of medical certainty, which he can demonstrate by providing sound medical reasoning.

Dr. Hicks provided an opinion that was both firm and positive. He reported that he definitely believed that appellant's work stress significantly contributed to the heart attack. This opinion, however, suffers from the other defects previously noted. Dr. Hicks referred only to "work stress." He recited no factual circumstances and gave no other indication that he understood the duties and responsibilities of appellant's position. For example, Dr. Hicks did not note the type of work appellant was performing, whether the work was strenuous, whether the work was being performed under extremely cold or adverse weather conditions and how such work coupled with environmental conditions, contributed or caused appellant's myocardial

⁸ Neither Dr. Morrison nor Dr. Hicks attempted to link any other medical condition to appellant's federal employment.

⁹ *George Tseko*, 40 ECAB 948 (1989) (finding that the factual information related by a physician, who reported only that the claimant was subjected to "supervisory harassment" without identifying specific events of harassment and the times and places at which they occurred in sufficient detail, was too vague to support the claim). *See generally Kathrine W. Brown*, 10 ECAB 618 (1959) (wherein a physician reported that "job insecurity" could have been the cause of the claimant's ulcer).

¹⁰ *See James A. Wyrick*, 31 ECAB 1805 (1980) (physician's report was entitled to little probative value because the history was both inaccurate and incomplete). *See generally Melvina Jackson*, 38 ECAB 443, 450 (1987) (addressing factors that bear on the probative value of medical opinions).

¹¹ *Steven R. Piper*, 39 ECAB 312 (1987); *see Thomas D. Petrylak*, 39 ECAB 276 (1987) (distinguishing temporal and causal relationship).

¹² *Philip J. Deroo*, 39 ECAB 1294 (1988); *Jennifer Beville*, 33 ECAB 1970 (1982) (statement of a Board-certified internist that the employee's complaints "could have been" related to her work injury was speculative and of limited probative value).

infarction considering his other medical conditions. That appellant was working when the event occurred is again not proof of a causal relationship. And Dr. Hicks offered no sound medical reasoning to support the conclusion he reached.

Because the medical opinion evidence submitted in this case fails to establish the element of causal relationship, the Office properly denied appellant's claim for compensation.¹³

The March 28, 2000 and August 18, 1999 decisions of the Office of Workers' Compensation Programs are affirmed.

Dated, Washington, DC
May 15, 2001

Willie T.C. Thomas
Member

Bradley T. Knott
Alternate Member

A. Peter Kanjorski
Alternate Member

¹³ To be clear, the Office did not find that appellant's heart condition was unrelated to his federal employment, only that the medical evidence failed to establish that it was.