

U. S. DEPARTMENT OF LABOR

Employees' Compensation Appeals Board

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In the Matter of HAROLD McCORMICK and DEPARTMENT OF JUSTICE,  
BORDER PATROL, Spokane, WA

*Docket No. 01-804; Submitted on the Record;  
Issued October 9, 2001*

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DECISION and ORDER

Before MICHAEL J. WALSH, DAVID S. GERSON,  
WILLIE T.C. THOMAS

The issue is whether appellant has established that his heart condition was causally related to his federal employment.

On October 3, 2000 appellant, then a 52-year-old radio technician, filed a notice of traumatic injury for "stress." On October 3, 2000 appellant was on temporary duty status, assigned to perform maintenance on an electrical tower located approximately one and one half miles up a steep mountainside trail. Appellant climbed the trail and performed maintenance on the tower, and on the way down began to develop a rapid heartbeat, sweating and a pale complexion. He complained to his coworker and was taken to the emergency room.

An October 3, 2000 emergency room report by Dr. Suzanne D. Daniell, a Board-certified internist, indicated:

"This is a 52-year-old gentleman with a history of mitral valve prolapse and intermittent palpitations who has been off his medication for 18 months and now presents with sustained atrial fibrillation and a rapid ventricular rate in the emergency room, most likely related to his mitral valve prolapse but cannot rule out underlying causes such as occult myocardial disease, hypothyroidism or increasing valvular disease, or anatomical coronary artery disease. The possibility of a thrombus needs to be ruled out because of his symptomatic history of intermittent atrial fibrillation."

In a report dated October 9, 2000 from Dr. Kevin M. Kavanaugh, a Board-certified internist, he discussed appellant's medical history of "MVP and occasional racing heart rate that would usually last 10 to 20 seconds." He stated that appellant usually has 20 episodes a year. He indicated, however, that "this episode was different."

In a stress test performed on October 12, 2000, Dr. Kavanaugh found a "normal gated spect study with normal wall motion and thickening."

In an imaging report: echo interpretation dated October 12, 2000, Dr. Kavanaugh stated:

“The left ventricle is normal in size. Left ventricular systolic function is normal. No regional wall motion abnormalities are identified. The ejection fraction is estimated at 77 percent. The left atrium is normal in size. Right-sided cardiac chamber size and function appears normal. No evidence of intracardiac mass, thrombus or pericardial effusion.” He continued.

“By two-dimensional imaging, there is some slight redundancy of the mitral valve leaflets but no clinically significant prolapse. The valves are also interrogated with Doppler and color flow imaging. Trace mitral and trace tricuspid regurgitation is seen.”

Appellant underwent a cardiac catheterization on October 19, 2000. In a report dated October 19, 2000, Dr. Kavanaugh found that appellant had “normal left ventricular function and normal coronary arteries.” He further stated: “It would appear that any chest pain the patient has is likely noncardiac and there is no ischemic etiology for his atrial fibrillation. The stress thallium is likely false positive.”

By decision dated November 21, 2000, the Office of Workers’ Compensation Programs denied appellant’s claim since the medical evidence of record was not sufficient to establish causal relationship.

The Board finds that appellant has not established that his heart condition was causally related to his federal employment.

An employee seeking benefits under the Federal Employees’ Compensation Act<sup>1</sup> 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.<sup>2</sup> These are the essential elements of each compensation claim regardless of whether the claim is predicated upon a traumatic injury or an occupational disease.<sup>3</sup>

To determine whether an employee has sustained a traumatic injury in the performance of duty, it must first be determined whether a “fact of injury” has been established. First, the employee must submit sufficient evidence to establish that he or she actually experienced the employment incident at the time, place and in the manner alleged.<sup>4</sup> Second, the employee must submit sufficient evidence, generally only in the form of medical evidence, to establish that the

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<sup>1</sup> 5 U.S.C. §§ 8101-8193.

<sup>2</sup> *Elaine Pendleton*, 40 ECAB 1143, 1145 (1989).

<sup>3</sup> *Delores C. Ellyett*, 41 ECAB 992, 994 (1990); *Ruthie M. Evans*, 41 ECAB 416, 423-25 (1990).

<sup>4</sup> *John J. Carlone*, 41 ECAB 354 (1989).

employment incident caused a personal injury.<sup>5</sup> An employee may establish that an injury occurred in the performance of duty as alleged but fail to establish that his or her disability and/or a specific condition for which compensation is claimed are causally related to the injury.<sup>6</sup>

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.<sup>7</sup>

The Board finds the medical reports submitted by appellant do not contain a medical opinion relating appellant's heart condition to his federal employment.

Only one medical report of record addressed the issue of causal relationship between appellant's heart condition and his employment. In the emergency room report from Dr. Daniell dated October 3, 2000, she indicated: "He [appellant] has had increased stress recently with his job but does not use alcohol or caffeine." Dr. Daniell did not provide a definitive diagnosis in her report. She only stated that appellant has a history of mitral valve prolapse and intermittent palpitations, who at that time had atrial fibrillation and a rapid ventricular rate. Dr. Daniell did not provide an opinion as to the cause of appellant's medical condition, nor did she in any way relate appellant's condition to factors of his employment. She only stated that appellant's current condition was "most likely" related to his mitral valve prolapse but that she could not rule out underlying causes such as occult myocardial disease, hypothyroidism, increasing valvular disease or anatomical coronary artery disease. The medical evidence from Dr. Daniell does not offer a definitive diagnosis of appellant's condition and offers no medical rationale explaining the possible relationship between appellant's condition and his employment.

In addition, the record contains medical information indicating that appellant has a history of a mitral valve prolapse documented 10 years ago and has had intermittent palpitations since that time. Appellant was taking medication for this condition but stopped taking it 18 months ago because of "poor exercise tolerance." Also, in the cardiac catheterization report from Dr. Kavanaugh dated October 19, 2000, he stated: "It would appear that any chest pain the patient has is likely noncardiac and there is no ischemic etiology for his atrial fibrillation. The stress thallium is likely false positive." Dr. Kavanaugh also indicated in his October 9, 2000 report that appellant has a history of a racing heart rate which usually lasts for 20-30 seconds and occurs about 20 times per year.

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<sup>5</sup> *Id.* For a definition of the term "injury," see 20 C.F.R. § 10.5(a)(14).

<sup>6</sup> As used in the Act, the term "disability" means incapacity because of an injury in employment to earn wages the employee was receiving at the time of the injury, *i.e.*, a physical impairment resulting in loss of wage-earning capacity. *Frazier V. Nichol*, 37 ECAB 528 (1986).

<sup>7</sup> *Delores C. Ellyett*, 41 ECAB 992, 994 (1990); *Ruthie M. Evans*, 41 ECAB 416, 423-25 (1990).

Since the medical evidence does not establish a clear, causal relationship between appellant's heart condition and his employment, and suggests that appellant has a history of a rapid heart beat, appellant has not met his burden of proof in establishing his claim.

The November 21, 2000 decision of the Office of Workers' Compensation Programs is hereby affirmed.

Dated, Washington, DC  
October 9, 2001

Michael J. Walsh  
Chairman

David S. Gerson  
Member

Willie T.C. Thomas  
Member