

U. S. DEPARTMENT OF LABOR

Employees' Compensation Appeals Board

In the Matter of SANDRA G. DAVIES and DEPARTMENT OF VETERANS AFFAIRS,
VETERANS ADMINISTRATION MEDICAL CENTER, Providence, RI

*Docket No. 01-1177; Submitted on the Record;
Issued January 8, 2002*

DECISION and ORDER

Before DAVID S. GERSON, BRADLEY T. KNOTT,
PRISCILLA ANNE SCHWAB

The issue is whether appellant met her burden of proof to establish that she had any periods of disability causally related to angina attacks on March 3, 2000.

On March 24, 2000 appellant, then a 59-year-old nursing supervisor, filed a traumatic injury claim alleging that on March 3, 2000 she experienced chest pain caused by physical exertion at work. She stopped work on March 7, 2000.

By letter dated April 24, 2000, the Office of Workers' Compensation Programs informed appellant of the type of evidence needed to support her claim. In response, she submitted a statement and medical evidence. By decision dated June 5, 2000, the Office denied the claim on the grounds that the medical evidence was insufficient to establish entitlement.

On June 15, 2000 appellant requested reconsideration and submitted additional medical evidence. In a decision dated September 14, 2000 and finalized on September 15, 2000, the Office vacated the prior decision, finding that appellant sustained three attacks of angina on March 3, 2000. The Office further found that any continuing disability was related to appellant's underlying cardiovascular disease and was not employment related. On August 26, 2000 appellant's application for disability retirement was approved.

On October 2, 2000 appellant filed a claim for compensation beginning March 10, 2000 and continuing. She submitted a September 22, 2000 report from her treating Board-certified cardiologist, Dr. David A. Brill.¹ By letter dated January 12, 2001, the Office stated that the

¹ The record indicates that appellant also submitted a report dated May 22, 2000 from Deborah Emery-Furtado, who has a master's degree in social work. A report from a licensed clinical social worker, however, is not medical evidence, because it is not the report of a "physician" as defined in section 8101(2) of the Federal Employees' Compensation Act and, as such, has no probative value. See *Frederick C. Smith*, 48 ECAB 132 (1996).

claim could not be processed because the Office had accepted only three episodes of angina on March 3, 2000. The Office added that it would review any rationalized medical evidence from appellant's physician that the accepted condition had not resolved. Appellant then filed an appeal with the Board.²

In a May 3, 2000 attending physician's report, Dr. Donald D. Derolf, a Board-certified family practitioner, diagnosed coronary artery disease and unstable angina. He checked the "yes" box, indicating that the condition was employment related, and stated that it was caused or aggravated by physical exertion and stressful environment. He advised that appellant was totally disabled.

In an attending physician's report dated May 4, 2000, Dr. Brill, who is Board-certified in internal medicine and cardiovascular disease, diagnosed severe unstable angina. He too checked the "yes" box, stating that "increasing stress can trigger angina." He further noted that appellant's angina was chronic and severe despite multiple revascularizations and advised that she was totally disabled. By report dated May 23, 2000, Dr. Zaheen A. Shah, an internist, advised that appellant had been under his care since October 1999 for diffuse, small vessel coronary artery disease, noting that her angina was difficult to manage. He concluded that she experienced worsening of her angina during periods of elevated stress at work.

In a June 2, 2000 report, Dr. Derolf advised that appellant's job duties on March 3, 2000 aggravated her medical condition, concluding:

"Clearly, her job environment seriously and dangerously affects her cardiac condition. This is a result of both the physical and emotional stress of the job. I agree with her cardiologist and her counselor that she cannot continue in her position."

In a report dated June 5, 2000, Dr. Brill described the events of March 3, 2000 that triggered repeat anginal episodes, stating that these were "another indication that [appellant] cannot continue to function in her current position without putting herself at significant risk for a recurrent cardiac event." In a September 22, 2000 report, Dr. Brill stated:

"It is my medical opinion that, beginning on March 3, 2000, [appellant's] cardiac disease progressed to a point where she is no longer able to perform her duties as a nurse. She has significant coronary artery disease and angina which has now progressed to the point where any emotionally or physically stressful activity would place her at serious and grave risk."

The Board finds that appellant failed to meet her burden of proof to establish that she had any periods of disability causally related to the accepted episodes of angina on March 3, 2000.

² The Board finds that the Office's denial of appellant's claim for compensation on January 12, 2001 constitutes an appealable decision. 5 U.S.C. § 501.2(c).

Under the Act³ the term “disability” means incapacity, because of employment injury, to earn the wages that the employee was receiving at the time of injury. Disability is thus not synonymous with physical impairment, which may or may not result in an incapacity to earn the wages. An employee who has a physical impairment causally related to a federal employment injury, but who nonetheless has the capacity to earn wages she was receiving at the time of injury, has no disability as that term is used in the Act, and whether a particular injury causes an employee disability for employment is a medical issue which must be resolved by competent medical evidence.⁴

When employment factors cause an aggravation of an underlying physical condition, the employee is entitled to compensation for the periods of disability related to the aggravation. However, when the aggravation is temporary and leaves no permanent residuals, compensation is not payable for periods after the aggravation has ceased.⁵ Furthermore, compensation is not payable for periods after an employment-related aggravation of a preexisting condition has ceased even though the employee is found medically disqualified to continue in such employment because of the effect which the employment factors might have on the underlying condition. Under such circumstances, disqualification for continued employment is due to the underlying condition, without any contribution by the employment.⁶

In this case, the medical reports indicate that appellant is totally disabled for work due to her underlying coronary artery disease. Dr. Shah merely advised that appellant’s angina was difficult to manage and worsened during periods of elevated stress. While Drs. Derolf and Brill stated that appellant’s condition was aggravated by physical and emotional stress at work, neither provided a rationalized explanation to indicate that any aggravation of her preexisting coronary artery disease continued after she stopped work. The Board therefore finds that appellant’s continuing disability is due to her underlying condition. She has thus failed to establish that she sustained any continuing disability causally related to the three episodes of angina that occurred on March 3, 2000.

³ 5 U.S.C. §§ 8101-8193.

⁴ *Maxine J. Sanders*, 46 ECAB 835 (1995).

⁵ *John Watkins*, 47 ECAB 597 (1996).

⁶ *Id.*

The decision of the Office of Workers' Compensation Programs dated January 12, 2001 is hereby affirmed.

Dated, Washington, DC
January 8, 2002

David S. Gerson
Member

Bradley T. Knott
Alternate Member

Priscilla Anne Schwab
Alternate Member