

U. S. DEPARTMENT OF LABOR

Employees' Compensation Appeals Board

In the Matter of MARIE-CLAIRE STEINKAMP, claiming as executrix of the estate of LEO J. STEINKAMP and DEPARTMENT OF THE AIR FORCE,
TRAVIS AIR FORCE BASE, CA

*Docket No. 01-1099; Submitted on the Record;
Issued October 23, 2002*

DECISION and ORDER

Before DAVID S. GERSON, WILLIE T.C. THOMAS,
MICHAEL E. GROOM

The issue is whether the employee sustained paroxysmal atrial fibrillation with toxic myocarditis, chronic obstructive pulmonary disease or systemic lupus erythematosus causally related to factors of his federal employment.

The Board finds that appellant has failed to establish that the employee sustained paroxysmal atrial fibrillation with toxic myocarditis, chronic obstructive pulmonary disease or systemic lupus erythematosus causally related to factors of his federal employment.

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. 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.¹

¹ Victor J. Woodhams, 41 ECAB 345 (1989).

On May 17, 1999 the employee, then a 72-year-old retired power production engineer, filed an occupational disease claim alleging that he sustained paroxysmal atrial fibrillation with toxic myocarditis, chronic obstructive pulmonary disease and systemic lupus erythematosus due to exposure to PCB (polychlorinated biphenyl) while working on Titan II missile silos for 18 months during 1979 and 1980 at the employing establishment. He voluntarily retired from his job effective December 2, 1983.

By decision dated November 29, 1999, the Office of Workers' Compensation Programs denied the employee's claim on the grounds that the evidence of record failed to establish that he sustained any medical condition causally related to factors of his employment.

By letter dated December 28, 1999, the employee requested an oral hearing; however, he died on January 2, 2000.

On September 25, 2000 a hearing was held before an Office hearing representative and the employee's wife testified. At the hearing and by letter dated October 29, 2000, the employee's wife, through her representative, alleged that the employee was exposed to PCB and toxic smoke while working on Titan missile silos on October 2, 1979 and this exposure ultimately resulted in his death. She indicated that the employee may not have correctly listed his work-related conditions on his claim form due to confusion caused by his medical conditions.

By decision dated January 3, 2001, the Office hearing representative denied appellant's claim for compensation on the grounds that the evidence of record failed to establish that the employee's paroxysmal atrial fibrillation with toxic myocarditis chronic obstructive pulmonary disease, or systemic lupus erythematosus were causally related to a work-related toxic exposure.

An employing establishment toxicological exposure incident report dated November 16, 1979, indicated that on October 2, 1979 the employee experienced chest tightness, coughing and irritated throat and ears after "smoke exposure, content unknown, possibly PCB." The employee and a coworker had taken the elevator to level 3 of the missile silo and found heavy smoke in the area of a filter box. They returned to level 2 and notified the site commander who changed the site status to "red." The employee and the coworker were later transported to the hospital and the environmental health department was contacted. The report stated: "There was no decontamination done, they were not exposed to any liquid or vapors."

In a report dated April 19, 1999, Dr. C.F. Brooke Smith, a neurologist, stated that the employee was exposed to smoke of unknown content but possibly PCB on October 2, 1979. He diagnosed cerebral encephalopathy (degenerative brain disease) and indicated that the condition was related to the employee's exposure to smoke in 1979 that was followed by gradual deterioration of cerebration (functional activity of the brain). However, cerebral encephalopathy is not one of the conditions alleged by the employee in his claim form to have resulted from his exposure to smoke on October 2, 1979. Even if this condition had been alleged by the employee to be related to the 1979 incident, Dr. Brook Smith provided no medical rationale explaining how the condition was caused by the 1979 work incident or any other factors of employment. Therefore, this report is not sufficient to establish that the employee sustained any medical condition causally related to factors of his employment.

In a report dated September 28, 1999, Dr. Timothy L. Prince, a nephrologist, diagnosed the employee as having end-stage renal disease of unknown cause, a history of chronic progressive neurologic deterioration since a toxic exposure in 1979 while working in a missile silo, a history of strokes in late June and early July 1999, chronic respiratory failure, paroxysmal atrial fibrillation since at least 1993, a history of Dengue fever, malaria, botulism, blackwater fever, hepatitis A, B and C and coccidioidomycosis (a type of respiratory infection), anemia, intermittent thrombocytopenia (decrease in the number of blood platelets) and thrombosis (formation of a solid mass) of the left internal jugular, axillary and subclavian veins. However, although Dr. Prince indicated that the employee had a history of “chronic progressive neurologic deterioration” since the 1979 work incident, he did not provide a specific diagnosis for the condition or a rationalized medical explanation showing how the neurological problems were caused by the 1979 work incident or any other factors of employment. Dr. Prince also did not opine as to the cause of the other conditions. Due to these deficiencies, this report does not discharge appellant’s burden of proof.

The record shows that the employee died on January 2, 2000. In a death certificate dated January 12, 2000, Dr. Prince indicated that the immediate cause of death was pneumonia preceded, within three to six months of death, by several conditions leading to the immediate cause of death including recurrent tracheobronchitis, chronic respiratory failure and multiple strokes. The death certificate listed end-stage renal disease and chronic encephalopathy as other significant conditions that contributed to the employee’s death but did not result in the underlying causes of death. However, Dr. Prince did not explain how any of these conditions were causally related to the 1979 employment incident and therefore this report is not sufficient to establish that the employee sustained a medical condition causally related to factors of his employment.

In a letter dated September 19, 2000, Dr. Brook Smith stated that his records showed that prior to 1979 the employee was in good health but on October 2, 1979 he was accidentally exposed to smoke in a silo and it was reported that the smoke contained a gas called PCB. He stated that, since the October 2, 1979 incident the employee had a progressive deterioration of his physical condition evidenced by cerebation changes, renal deterioration and abnormal cardiac manifestations. Dr. Brooke Smith stated:

“Therefore, it is logical to state that the progressive downhill physical course of [the employee] to his demise, would probably be due to exposure of a toxic gas in the smoke that he was exposed to in 1979.

“Therefore, I must concur with the final Death record, stating toxic encephalopathy and end stage renal disease was a contributing factor to his death.”

However, Dr. Brook Smith’s opinion as to causal relationship is speculative. He provided insufficient medical rationale explaining how the employee’s kidney, heart and brain conditions were caused by the 1979 work incident when he was exposed to smoke of undetermined content. Such medical rationale is particularly important in light of the fact that the employee did not file his claim for compensation until 20 years after the employment incident. The fact that he may have been in good health prior to the October 2, 1979 work

incident is not sufficient to establish causal relationship between his medical conditions and the employment incident that occurred 20 years before.

The Board finds that the medical evidence does not contain a rationalized opinion, based on a complete medical and factual background, relating a specific diagnosed condition to exposure to smoke or chemicals, including PCB, to the employee's federal employment. As it is appellant's burden to establish the essential elements of her claim, the Board finds that she has not met her burden of proof and the Office properly denied her claim.

The decision of the Office of Workers Compensation Programs dated January 3, 2001 is affirmed.

Dated, Washington, DC
October 23, 2002

David S. Gerson
Alternate Member

Willie T.C. Thomas
Alternate Member

Michael E. Groom
Alternate Member