

U. S. DEPARTMENT OF LABOR

Employees' Compensation Appeals Board

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In the Matter of MOTEN M. JONES, III and DEPARTMENT OF THE AIR FORCE,  
AIR LOGISTICS CENTER, Sacramento, CA

*Docket No. 03-528; Submitted on the Record;  
Issued May 22, 2003*

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DECISION and ORDER

Before COLLEEN DUFFY KIKO, DAVID S. GERSON,  
WILLIE T.C. THOMAS

The issue is whether appellant established that his diagnosed foot condition is causally related to factors of his federal employment.

On July 15, 2001 appellant, then a 39-year-old industrial engineering technician, filed a notice of occupational disease alleging that he developed plantar fasciitis in the performance of duty. He described being treated for foot calluses while he was in basic training for the military in 1983. Appellant stated that he began working for the employing establishment in 1990 and was required in various positions to walk and stand for long hours on concrete floors while wearing steel-toed boots. He indicated that he first became aware of his foot condition on October 23, 2000.

In a September 21, 2000 letter, the Office of Workers' Compensation Programs advised appellant of the factual and medical evidence required to establish his claim for compensation.

Appellant subsequently submitted job descriptions for the positions of industrial engineering technician and sheet metal mechanic, security guard and motor vehicle operator. Medical evidence was also provided.

In progress notes dated July 10, 2000, Dr. Stephen H. Silver, a podiatrist, diagnosed chronic plantar fasciitis and recommended that appellant undergo surgery consisting of a plantar fasciitis release.

In a September 15, 2000 report, Dr. Graham Hamilton, a podiatrist, indicated that appellant complained of bilateral arch/heel pain. Dr. Hamilton indicated that appellant had tried numerous modalities for the problem including supportive shoes, orthoses and cryotherapy, without any relief. Physical findings were recorded and a diagnosis of bilateral plantar fasciitis with "secondary pes plantus foot type" was reported. It was recommended that appellant wear supportive shoes and consider surgical intervention.

In an October 23, 2000 report, Dr. Randall D. Osborn, a Board-certified podiatrist, noted that appellant was seen complaining of long-standing heel pain. Dr. Osborn reviewed medical records and related that appellant first noticed pain in his heels while he was in basic training for the military. He further noted that over the years appellant received treatment for fasciitis at a local Veteran's hospital. Appellant's work history with the employing establishment was noted<sup>1</sup> and physical findings recorded. The medical slip of the plantar fascia was found to be minimally to moderately bowstrung with hallux dorsiflexion. The fat pad about the plantar surface of the foot was also notably atrophic. There was minimal discomfort about the heels noted with forced dorsiflexion. Under "Impression," the physician listed chronic fasciitis bilateral. Dr. Osborn again discussed appellant's military service, noting that a diagnosis of plantar fasciitis or heel spur syndrome was not included in the medical records from the Veterans Administration Hospital he had reviewed. He stated as follows:

"The diagnosis of fasciitis is one of an over used injury. This is commonly seen in people who are on their feet for prolonged periods of time, particularly those working on hard floors or carrying heavy loads or standing in one place over prolonged periods of time. While the condition of fasciitis MIGHT have begun in the military, it certainly has been exacerbated by [appellant's] subsequent employment where he was on his feet on hard surfaces for prolonged periods of time. What the medical records provided, it is impossible to state with certainty that this was a military[-]related condition." (Emphasis in the original.)

In a December 11, 2001 decision, the Office denied compensation on the grounds that the medical evidence was insufficient to establish a causal relationship between appellant's foot condition and the alleged work factors.

Appellant requested a hearing, which was held on July 24, 2002. The Office hearing representative specifically informed appellant at the hearing that the report of Dr. Osborn dated October 23, 2000 was insufficient to establish causal relationship because the physician had not demonstrated his knowledge of appellant's work duties with the federal government in any of the various positions he had held. The record was held open post-hearing for submission of additional evidence.

In an August 7, 2002 report, Dr. Osborn reviewed copies of appellant's position descriptions. He noted that the job of aircraft sheet-metal mechanic would fit the etiology of constant and repetitive strain upon the plantar fascia leading to possible symptoms of plantar fasciitis. Dr. Osborn stated appellant's jobs as security guard and motor vehicle operator likewise required him to either stand for long periods of time or walk long distances, which "might present for plantar fasciitis." He concluded his report as follows: "Again, it is impossible to state exactly when [appellant's] symptoms of plantar fasciitis originated or what the initial causation was; however, it is reasonable to assume, once again, with the job

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<sup>1</sup> The totality of Dr. Osborn's description of appellant's work history is as follows: "Patient was released from the military in 1984. While in the military, he was on his feet for prolonged periods of time doing warehouse work. Following release from the military, he had several jobs, mostly warehouse/salesman-type work. In 1986 to 1997, he worked as an aircraft mechanic for the Navy in Civil Service. In 1997 to 1999, he worked as an aircraft planner, mostly doing paperwork. From 1999 to present, has worked in security, which he was mostly in a sitting capacity.

descriptions provided, these MIGHT have contributed to the symptoms of plantar fasciitis.” (Emphasis in the original.)

In a decision dated October 27, 2002, an Office hearing representative affirmed the Office’s December 11, 2001 decision.

The Board finds that appellant failed to establish that his diagnosed foot condition is causally related to factors of his federal employment.

An employee seeking benefits under the Federal Employees’ Compensation Act<sup>2</sup> has the burden of establishing the essential elements of his 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 are causally related to the employment injury.<sup>3</sup>

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 the 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.<sup>4</sup>

The medical evidence required to establish a causal relationship, generally, is rationalized medical opinion evidence.<sup>5</sup> 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,<sup>6</sup> must be one of reasonable medical certainty,<sup>7</sup> 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>8</sup> The mere fact that a condition manifests itself during a period of employment does not raise an inference that there is a causal relationship between the two. Neither the fact that the condition became apparent during a

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<sup>2</sup> 5 U.S.C. §§ 8101-8193.

<sup>3</sup> *Elaine Pendleton*, 40 ECAB 1143, 1145 (1989).

<sup>4</sup> *Arturo A. Adame*, 49 ECAB 421 (1998); *Dennis M. Mascarenas*, 49 ECAB 215 (1997); *see also Victor J. Woodhams*, 41 ECAB 345, 352 (1989).

<sup>5</sup> The Board has held that, in certain cases, where the causal connection is so obvious, expert medical testimony may be dispensed with to establish a claim; *see Naomi A. Lilly*, 10 ECAB 560, 572-73 (1959). The instant case, however, is not a case of obvious causal connection.

<sup>6</sup> *Dennis M. Mascarenas*, *supra* note 4; *William Nimitz, Jr.*, 30 ECAB 567, 570 (1979).

<sup>7</sup> *See Dennis M. Mascarena*, *supra* note 4; *Morris Scanlon*, 11 ECAB 384-85 (1960).

<sup>8</sup> *See William E. Enright*, 31 ECAB 426, 430 (1980).

period of employment, nor the belief of appellant that the condition was caused by or aggravated by employment conditions is sufficient to establish causal relation.<sup>9</sup>

In this case, appellant has been diagnosed with chronic plantar fasciitis, which he attributes to having to stand and walk on cement floors in steel-toed shoes while in the performance of duty. Appellant acknowledged that he had some foot problems years ago when he served in the military; but he argued that his diagnosed condition of plantar fasciitis was either caused or aggravated by work factors in his federal employment.

In support of his claim, appellant submitted a medical report from Dr. Hamilton and a treatment note from Dr. Silver confirming the diagnosis of plantar fasciitis. The Board notes that these opinions are insufficient to carry appellant's burden of proof since neither physician offers an opinion on causation.<sup>10</sup> As noted above, appellant must establish that his diagnosed foot condition was causally related to the identified work factors.

With respect to the report from Dr. Osborn, the Board finds that the report is too speculative to establish a causal relationship between appellant's work duties and his chronic plantar fasciitis. In his initial report dated October 23, 2000, Dr. Osborn stated that appellant's foot condition was aggravated by his federal employment, but the physician offered no discussion of appellant's specific work factors, nor did he indicate in his report a knowledge of appellant's job requirements. To the extent that Dr. Osborn did not explain how appellant's specific work factors contributed to his chronic plantar fasciitis, his October 23, 2000 report is not deemed to be a reasoned opinion on causal relationship.<sup>11</sup>

The Board also deems the August 7, 2002 report to be speculative and equivocal with regard to the issue of causation. Dr. Osborn made a speculative statement in his August 7, 2002 report that appellant's earlier jobs as a security guard and motor vehicle operator for the employing establishment required him to either stand for long periods of time or walk long distances, which "might present for plantar fasciitis." He was equally equivocal when he suggested that appellant's most recent position as an aircraft sheet metal mechanic would fit the etiology of constant and repetitive strain upon the plantar fascia leading to "possible symptoms of plantar fasciitis." However, the final statement of the physician's report leads to the same conclusion that the opinion on causal relation is speculative. Dr. Osborn concluded his report by stating: "Again, it is impossible to state exactly when [appellant's] symptoms of plantar fasciitis originated or what the initial causation was; however, it is reasonable to assume, once again, with the job descriptions provided, these MIGHT have contributed to the symptoms of plantar fasciitis." (Emphasis in the original.)

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<sup>9</sup> *Manuel Garcia*, 37 ECAB 767, 773 (1986); *Juanita C. Rogers*, 34 ECAB 544, 546 (1983).

<sup>10</sup> Medical evidence that does not offer any opinion regarding the cause of an employee's condition is of limited probative value on the issue of casual relationship and is generally insufficient to meet a claimant's burden of proof. See *Aronia B. Taylor*, 44 ECAB 591 (1993).

<sup>11</sup> See generally *Daniel J. Overfield*, 42 ECAB 718 (medical opinions which are based on an incomplete or inaccurate factual background are entitled to little probative value in establishing a claim for compensation).

A medical opinion that is equivocal in nature and lacking in adequate medical rationale is of limited probative value.<sup>12</sup> Where a physician states that employment exposure was the “most likely source” of a condition, notes his or her “best clinical guess,” and opines that the source of a condition cannot be proven “for certain,” such evidence is speculative and equivocal and insufficient to discharge a claimant’s burden of proof.<sup>13</sup>

Because appellant has submitted medical opinions that either fail to address the issue of causation or are not sufficiently reasoned due to their speculative nature, he has failed to establish a causal relationship between the alleged work factors and his diagnosed condition of plantar fasciitis.

The decision of the Office of Workers’ Compensation Programs dated October 27, 2002 is hereby affirmed.

Dated, Washington, DC  
May 22, 2003

Colleen Duffy Kiko  
Member

David S. Gerson  
Alternate Member

Willie T.C. Thomas  
Alternate Member

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<sup>12</sup> *Betty M. Regan*, 49 ECAB 496 (1998).

<sup>13</sup> *See Wendell D. Harrell*, 49 ECAB 289 (1998).