The issue is whether appellant has met her burden of proof in establishing that she developed a left shoulder condition as a result of her federal job duties.

Appellant, a 46-year-old letter carrier, filed a notice of occupational disease on December 9, 2002 alleging that on December 6, 2002 she realized that she had developed left shoulder tendinitis due to carrying her 35-pound bag on her left shoulder as well as delivering mail with her dominant left hand. In a letter dated December 26, 2002, the Office of Workers’ Compensation Programs requested additional factual and medical evidence in support of appellant’s claim. By decision dated February 26, 2003, the Office denied appellant’s claim finding that she failed to submit the necessary medical evidence to establish a causal relationship between her diagnosed shoulder condition and her employment duties.

Appellant requested reconsideration of the Office’s February 26, 2003 decision, on May 7 and June 6, 2003 submitting additional evidence. By decision dated July 15, 2003, the Office reviewed appellant’s claim on the merits and found that the medical evidence was not specific enough to establish a causal relationship between appellant’s diagnosed condition and her employment.

The Board finds that appellant has failed to establish that her left shoulder condition was causally related to her employment duties.

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 evidence required to establish causal relationship is rationalized medical opinion evidence, based upon a complete factual and medical background, showing a causal relationship between the claimed condition and identified factors. The belief of a claimant that a condition was caused or aggravated by the employment is not sufficient to establish causal relation.1

In support of her claim, appellant initially submitted treatment notes from Dr. Irwin Abraham, a Board-certified internist, beginning December 6, 2002. Dr. Abraham noted that appellant described left shoulder pain “from work” and diagnosed bursitis and tendopaths. He stated that appellant could continue work and added, “(worker related).” On December 23, 2002 Dr. Abraham found that appellant’s shoulder was better, diagnosing improved bursitis. In a note dated December 31, 2002, Dr. Abraham stated that appellant had mild pain and was very worried about future pain and her ability to do her job. He again diagnosed improved bursitis. These notes are not sufficient to meet appellant’s burden of proof. Dr. Abraham did not provide a history of injury including appellant’s employment duties and did not provide a clear opinion on causal relationship between her diagnosed condition and her employment. While Dr. Abraham indicated that appellant’s diagnosed left shoulder bursitis was causally related to her employment, by noting that appellant attributed her condition to work and by stating “worker related” he did not provide any reasoning supporting that her condition was due to the employment duties implicated by appellant. As the treatment notes did not include a detailed history of injury, a clear opinion on causal relationship, nor any supportive medical rationale, these notes are not sufficient to meet appellant’s burden of proof and the Office properly denied her claim on February 26, 2003.

In support of her request for reconsideration, appellant submitted a note from Dr. Abraham dated March 17, 2003, in which he noted that appellant’s shoulder “bothers her work” and found that appellant was “doing okay…” She also submitted a report dated April 10, 2003 from Dr. Abraham noting his treatment of appellant. He stated that appellant had “an acute problem, which is related to her job. This is a problem with shoulder pain in the left side.” Dr. Abraham described his physical findings and concluded, “There is no question that the treatment was a medical necessity and that her problem is [a] direct result of her work.” This medical evidence shares the defects with the notes previously submitted by Dr. Abraham. He again failed to provide a detailed history of injury describing the employment duties, which he felt caused or contributed to the development of appellant’s left shoulder condition. While Dr. Abraham offered a conclusive opinion that appellant’s condition was due to her employment, without a factual and historical background, he cannot provide the reasoned medical opinion evidence necessary to establish that appellant’s left shoulder bursitis was causally related to her employment. As appellant has not submitted a rationalized medical opinion based on a complete factual background, she has failed to meet her burden of proof and the Office properly denied her claim.

1 Lourdes Harris, 45 ECAB 545, 547 (1994).
The decisions of the Office of Workers’ Compensation Programs dated July 15 and February 26, 2003 are hereby affirmed.

Dated, Washington, DC
October 27, 2003

Alec J. Koromilas
Chairman

David S. Gerson
Alternate Member

A. Peter Kanjorski
Alternate Member