



By letter dated June 11, 2003, the Office advised appellant that the evidence submitted was insufficient to establish her claim and informed her that she should submit a statement regarding the specific employment conditions or incidents which she felt contributed to her condition as well as a comprehensive medical report providing a diagnosis resulting from her federal work activities and a physician's opinion, with medical reasons for such opinion, as to how the work exposure contributed to the diagnosed condition. In a second letter dated that day, the Office requested that the employing establishment provide information regarding appellant's job duties and the allegations made in her claim.

Appellant submitted an undated statement in response describing the jobs she had held at the employing establishment with their physical requirements. Appellant stated that she was in pain all day long for which she took medication. Appellant submitted a form medical report dated June 12, 2003 which contains an illegible signature and notes a history of pain in both shoulders and the low back which began on April 3, 2003 and continued. The note reported that appellant was working with restrictions. In a treatment note dated July 1, 2003, Dr. George G. Robinson, II, a Board-certified in orthopedic surgery, reported a complaint of bilateral shoulder pain. Physical examination demonstrated full passive range of motion and secondary discomfort on active motion with no significant acromioclavicular tenderness and mild tenderness over the anterolateral joint line with good rotator cuff strength. He advised that supraspinatus strength testing caused significant discomfort and found a moderately positive impingement sign, more on the right, with minor subacromial crepitation with motion. The physician reviewed an outside magnetic resonance imaging (MRI) scan which he reported demonstrated evidence of tendinosis with the question of a partial thickness rotator cuff tear of the supraspinatus muscle in both shoulders. Dr. Robinson diagnosed bilateral shoulder rotator cuff tendonitis/tendinosis.

In a decision dated July 15, 2003, the Office denied the claim, finding the medical evidence insufficient to establish causal relationship. On June 2 and 20, 2003 appellant submitted additional CA-2 forms for claims of bilateral shoulder and back pain. She also submitted a Form CA-7 claim for wage-loss compensation for the period June 18 to August 18, 2003.

By letter dated October 10, 2003, the Office informed appellant that she should follow the appeal rights found in the July 15, 2003 decision. On October 20, 2003 appellant requested reconsideration and submitted the second page of a medical note dated June 25, 2003 which provided a finding of evidence of tendinitis versus a partial tear in the supraspinatus tendon. No evidence of full thickness rotator cuff tears was noted. Appellant also submitted an August 19, 2003 report in which Dr. Robinson diagnosed disorders of the bursae and tendons of the shoulder. He advised that appellant had been incapacitated since July 2, 2003 but could return to work on August 18, 2003.

By decision dated March 3, 2004, the Office denied modification of the prior decision, finding that the medical evidence of record failed to establish that appellant's condition was employment related.

## LEGAL PRECEDENT

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 diagnosed condition is causally related to the employment factors identified by the claimant. The medical opinion 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>1</sup>

Causal relationship is a medical issue and the medical evidence required to establish a causal relationship is rationalized medical evidence.<sup>2</sup> Rationalized medical evidence is medical evidence which includes a physician's rationalized medical 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>3</sup> Neither the mere fact that a disease or condition manifests itself during a period of employment nor the belief that the disease or condition was caused or aggravated by employment factors or incidents is sufficient to establish causal relationship.<sup>4</sup>

## ANALYSIS

In the instant case, appellant alleged that factors of employment caused shoulder, neck and back pain. It is not disputed that appellant's employment duties involved keying as indicated on her claim form. The Board finds, however, that appellant did not submit medical evidence sufficient to meet the requirements to establish that she sustained an injury in the performance of duty.

The Board notes that there is no medical evidence of record diagnosing a back or neck condition. Regarding a shoulder condition, Dr. Robinson, appellant's attending orthopedic surgeon, provided reports dated July 1 and August 19, 2003 in which he related appellant's complaints of bilateral shoulder pain. He noted findings on physical examination of the shoulder that included significant discomfort on supraspinatus strength testing with a moderately positive impingement sign, more on the right. The physician stated that an outside MRI scan demonstrated evidence of tendinosis with the question of a partial thickness rotator cuff tear of the supraspinatus muscle in both shoulders. Dr. Robinson diagnosed bilateral shoulder rotator

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<sup>1</sup> *Solomon Polen*, 51 ECAB 341 (2000).

<sup>2</sup> *Jacqueline M. Nixon-Steward*, 52 ECAB 140 (2000).

<sup>3</sup> *Leslie C. Moore*, 52 ECAB 132 (2000); *Gary L. Fowler*, 45 ECAB 365 (1994).

<sup>4</sup> *Dennis M. Mascarenas*, 49 ECAB 215 (1997).

cuff tendinitis/tendinosis and advised that appellant was incapacitated from July 2 to August 18, 2003. However, he did not discuss the cause of appellant's shoulder condition in either of these reports and medical evidence which does not offer any opinion regarding the cause of an employee's condition is of limited probative value on the issue of causal relationship.<sup>5</sup> The additional medical evidence of record consists of a form report with an illegible signature dated June 12, 2003 which did not contain a diagnosis and the second page of a procedure note dated June 25, 2003 which noted evidence of tendinitis versus a partial tear in the supraspinatus tendon without evidence of full thickness rotator cuff tears. Neither of these reports contains an opinion regarding causal relationship. The Board therefore finds these reports insufficient to establish that the diagnosed condition is causally related to the employment factors. Appellant thus failed to meet her burden of proof.

**CONCLUSION**

The Board finds that appellant has failed to establish that the conditions claimed are causally related to factors of employment.

**ORDER**

**IT IS HEREBY ORDERED THAT** the decisions of the Office of Workers' Compensation Programs dated March 3, 2004 and July 15, 2003 be affirmed.

Issued: August 12, 2004  
Washington, DC

David S. Gerson  
Alternate Member

Willie T.C. Thomas  
Alternate Member

Michael E. Groom  
Alternate Member

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<sup>5</sup> *Michael E. Smith*, 50 ECAB 313 (1999).