

submitted hospital reports noting her admission to the Roper Hospital through the emergency room on September 23, 2003. Dr. Jonathan Gregory, a Board-certified internist specializing in cardiovascular disease, noted his initial impression was “Apparent spontaneous closure of left anterior descending artery most likely due to coronary spasm; although dissection cannot be ruled out, it appears less likely.” Dr. Gregory interpreted appellant’s September 24, 2003 echocardiogram as indicating an acute anterior myocardial infarction. Appellant was discharged from the hospital on September 29, 2003 with instructions to see her doctor and a cardiologist. In a medical report dated October 17, 2003, Dr. Gregory stated:

“As per our conversation, you had very severe disease in the left anterior descending artery and several of its branches. As I understood it, you had no prior history of heart disease. You had entered into the Border Patrol Program several weeks earlier and had your first symptoms on the day that you were brought by ambulance to Roper Hospital. As I understand it, you apparently ‘fell out’ in formation and had several episodes of vomiting and chest discomfort. As far as I could tell from your history and confirmation from your mother, you had no known cardiovascular disease prior to that day.

“The exact etiology (cause) of this single coronary artery disease is not clear and will require further investigation I am sure. I would, however, recommend that you proceed with an application for workman’s compensation because, as far as I know, your first symptom occurred while ‘on the job.’”

In a medical report dated October 10, 2003, Dr. Frank T. Bunch, a Board-certified internist specializing in cardiovascular disease, indicated that appellant had an anterior myocardial infarction for which she continued to have marked symptomatology. He indicated that she would require coronary artery bypass surgery and would be unable to work until she had recuperated.

In an attending physician’s report form dated November 10, 2003, Dr. Peter Pluscht, III, a Board-certified thoracic surgeon, indicated that he treated appellant for coronary artery disease. He stated in a medical report of the same date, as follows:

“[Appellant] is a young lady, who I performed bypass surgery on, on October 22, 2003. She was status-post myocardial infarction in September 2003. She is progressing satisfactory from her bypass surgery, but will probably be off approximately three months from the time of surgery, which will place her returning to her position some time in mid to late January 2004.

By letter dated December 4, 2003, the Office asked appellant to submit further information.

By decision dated January 7, 2004, the Office denied appellant’s claim as the medical evidence did not establish that appellant sustained a condition as a result of the accepted work event.

LEGAL PRECEDENT

An employee seeking benefits under the Federal Employees' Compensation Act¹ has the burden of establishing the essential elements of his or her claim, including the fact that the individual is an "employee of the United States" within the meaning of the Act; that the claim was filed within the applicable time limitation; that an injury was sustained while 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.² These are the essential elements of each and every compensation claim regardless of whether the claim is predicated on a traumatic injury or on an occupational disease.³

To determine whether an employee has sustained a traumatic injury in the performance of duty, "fact of injury" must first be established.⁴ The employee must submit sufficient evidence to establish that he or she actually experienced the employment incident at the time, place and in the manner alleged.⁵ Second, the employee must submit sufficient evidence, generally only in the form of medical evidence, to establish that the employment incident caused a personal injury.⁶ The medical evidence required to establish causal relationship is usually rationalized medical evidence.⁷

An award of compensation may not be based on surmise, conjecture or speculation or on an employee's unsupported belief of causal relation. Appellant has the burden of establishing by the weight of the reliable, probative and substantial evidence that his condition and resultant disability were causally related to factors of his federal employment. This burden includes the necessity of furnishing medical opinion evidence of a cause and effect relationship based upon a proper factual and medical background. The mere concurrence of a condition with a period of employment does not raise an inference of causal relation between the two.⁸

ANALYSIS

The record establishes that, while standing in formation in the performance of duty, appellant experienced shortness of breath and chest pain. However, appellant has not submitted medical evidence sufficient to establish that her myocardial infarction was causally related to her federal employment. Although the myocardial infarction occurred while appellant was at her

¹ 5 U.S.C. §§ 8101-8193.

² *Joe D. Cameron*, 41 ECAB 153 (1989); *Elaine Pendleton*, 40 ECAB 1143 (1989).

³ *See Irene St. John*, 50 ECAB 521 (1999); *Michael E. Smith*, 50 ECAB 313 (1999); *Elaine Pendleton*, *supra* note 2.

⁴ *Neal C. Evins*, 48 ECAB 242 (1996).

⁵ *Michael W. Hicks*, 50 ECAB 325, 328 (1999).

⁶ 5 U.S.C. § 8101(5); 20 C.F.R. § 10.5(ee) (1999) (defining injury).

⁷ *Michael E. Smith*, *supra* note 3.

⁸ *Stanley K. Takahaski*, 35 ECAB 1065, 1067 (1984).

federal employment, there is no medical evidence that any of the activities of her federal employment on September 23, 2003 in any manner caused or contributed to her myocardial infarction. Dr. Gregory stated in an October 17, 2003 report that, although appellant had no history of heart disease, the exact etiology of her coronary artery disease was not clear. The fact that appellant may have been asymptomatic prior to September 23, 2003, as noted by Dr. Gregory, is not sufficient to establish causal relationship.⁹ Neither Dr. Bunch nor Dr. Pluscht offered any opinion as to the cause of appellant's myocardial infarction and resultant bypass surgery. Without such medical evidence, the Board finds that appellant has failed to establish that her myocardial infarction of September 23, 2003 was causally related to her federal duties.

CONCLUSION

Appellant has not established that her myocardial infarction was causally related to her federal duties of September 23, 2003, as alleged.

ORDER

IT IS HEREBY ORDERED THAT the decision of the Office of Workers' Compensation Programs dated January 7, 2004 is hereby affirmed.

Issued: August 13, 2004
Washington, DC

Alec J. Koromilas
Chairman

David S. Gerson
Alternate Member

Michael E. Groom
Alternate Member

⁹ See *Thomas R. Horsfall*, 48 ECAB 180 (1996); *Cleopatra McDougal-Saddler*, 47 ECAB 480 (1996). The mere fact that a disease manifests itself during a period of employment does not raise an inference that there is a causal relationship between the two. See *Ernest St. Pierre*, 51 ECAB 603 (2000).