

back and forth upon doing it I pulled something in my hip. Also my arms have been hurting from pulling bags.”

In a statement dated June 27, 2003, appellant related that she had pain in her arms and wrists beginning around May 31, 2003. She stated that on June 10, 2003 she “began experiencing pain in my right hip.” Appellant related that her physician diagnosed forearm tendinitis and right hip bursitis/strain. She attributed her condition to her employment as she lifted “baggage weighing 5 [to] 100 pounds 8 hours a day.”

A manager at the employing establishment submitted a statement dated July 1, 2003 regarding appellant’s claim. She stated that appellant returned to light-duty work following a shoulder injury on March 10, 2003. The manager stated that on June 14, 2003 appellant related that she had “sustained injury to her right hip and both of her arms while pulling bags over a period of time.”

By letter dated August 18, 2003, the Office requested additional factual and medical information from appellant and informed her of the definition of an occupational disease and traumatic injury.¹ The Office asked appellant to explain why she believed her injury was traumatic in nature given that she stated that she experienced pain in her hands and wrist beginning May 31, 2003.²

In an undated authorization for examination and/or treatment (Form CA-16), Dr. K.A. Schultz, Board-certified in emergency medicine, noted appellant’s complaints of pain in her arm since April 2003 due to repetitive lifting and pain in her hip beginning June 10, 2003 secondary to lifting. She diagnosed forearm tendinitis and checked “yes” that the condition was caused or aggravated by employment. Dr. Schultz found that appellant could perform work with restrictions.

In a progress note dated June 16, 2003, Dr. Schultz diagnosed forearm tendinitis and right hip bursitis/strain. She found that appellant could work with restrictions.³

In a progress note dated August 19, 2003, Dr. Schultz noted that appellant no longer had pain over the greater trochanter but instead had pain in the gluteus radiating into her tailbone and right leg. She stated, “While it is not unusual for a hip strain to cause some radicular [symptoms] to the level of the thigh, they would not typically cause radiation into the buttocks or tailbone.” Dr. Schultz recommended a magnetic resonance imaging (MRI) scan to rule out “lumbar

¹ The regulations define an occupational disease or illness as “a condition produced by the work environment over a period longer than a single workday or shift.” 20 C.F.R. § 10.5(q). A “traumatic injury” is defined as “a condition of the body caused by a specific event or incident, or a series of events or incidents, within a single workday or shift.” 20 C.F.R. § 10.5(ee).

² The record indicates that appellant filed an occupational disease claim for the pain in her arms. The record also contains medical evidence relevant to appellant’s right arm condition; however, this evidence is not pertinent to the relevant issue of whether appellant sustained a right hip condition due to an injury on June 10, 2003.

³ In a progress note dated June 30, 2003, Dr. Schultz diagnosed forearm tendinitis and found that appellant could work with restrictions.

radicular pathology.” She found that appellant should remain off work until seen again in one week.

In a progress note dated August 25, 2003, Dr. Schultz described appellant’s symptoms of pain in the hip radiating into the leg and numbness from the hip to the foot. She listed findings on examination and stated:

“[Appellant] describes her injury as occurring on June 10, 2003 after lifting 800 bags in a side-to-side motion. She developed pain in the right hip that has progressively involved the [right] leg and also the buttocks. This is consistent [with] sciatica. I would like an MRI scan to evaluate her low back and her discs.”

Dr. Schultz completed a return to work form on August 26, 2003. She diagnosed right hip strain and probable sciatica and opined that appellant should not work.

Dr. Schultz, in an August 26, 2003 response to the Office’s request for information, stated:

“[Appellant] indicated after lifting approximately 800 bags on June 10, 2003, she developed hip pain on the [right]. When she was here on June 16, 2003, her exam[ination] showed tenderness directly over her hip ... so the diagnosis of greater trochanteric tendinitis was made. At her next visit her symptoms had changed and involved pain all the way down the leg -- now including numbness and tingling. Because her symptoms are now more consistent with sciatica, a request for an MRI scan of the back was made to help confirm the diagnosis.”

In a progress report and accompanying disability certificate dated September 3, 2003, Dr. Thomas Markham, who is Board-certified in preventative medicine, noted that appellant had continued pain extending from the right hip to the leg. He noted that the pain may “originate from her back rather than her hip and an MRI [scan] has been requested.” Dr. Markham related, “Her injury occurred while she was loading baggage at the airport. She would move as many as 800 bags a day.” He opined that appellant should remain off work pending an MRI scan.

By decision dated September 17, 2003, the Office denied appellant’s claim on the grounds that the medical evidence did not establish that the claimed condition was due to the established work factors.

In a form report dated September 25, 2003, Dr. Schultz found appellant disabled from employment from August 19 to October 16, 2003.

The record contains an unsigned medical report dated October 2, 2003. The physician indicated that appellant was seen on June 16, 2003 for complaints of pain in the forearms and that she “also stated her right hip was hurting her and she felt this was related to her work activities consisting of picking up bags and placing them on conveyors.” The physician stated that appellant began experiencing radiating pain down her right leg which was “more consistent with a lumbar strain with radiculopathy....”

On September 26, 2003 appellant requested an oral hearing. At the hearing, held on May 19, 2004, the hearing representative clarified that the issue was whether appellant sustained a hip or back injury on June 10, 2003 as she had filed a separate occupational disease claim for the pain in her arms. Appellant related that on June 10, 2003 she loaded approximately 500 bags on an L3 x-ray machine when she felt a “burning sensation” from her back toward her hip. She stated that she sought medical treatment the next day and, after the Office denied her claim, obtained treatment from Dr. Sanja Palicar, who performed an MRI scan. The hearing representative kept the record open for 30 days in order for appellant to submit reports from Dr. Palicar.

By decision dated August 4, 2004, the hearing representative affirmed the Office’s September 17, 2003 decision. The hearing representative noted that appellant had not submitted medical evidence establishing a definite diagnosis or opinion on causal relationship.

LEGAL PRECEDENT

An employee seeking benefits under the Federal Employees’ Compensation Act⁴ 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 of the Act, that an injury was sustained in the performance of duty as alleged and that any disability or specific condition for which compensation is claimed is causally related to the employment injury.⁵ These are the essential elements of each and every compensation claim regardless of whether the claim is predicated upon a traumatic injury or an occupational disease.⁶

To determine whether a federal employee has sustained a traumatic injury in the performance of duty, it must first be determined whether “fact of injury” has been established. First, 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. 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.⁷ To establish a causal relationship between the condition, as well as any attendant disability claimed, and the employment event, incident or exposure, the employee must submit rationalized medical opinion evidence, based on a complete factual and medical background, supporting such causal relationship.⁸

⁴ 5 U.S.C. §§ 8101-8193.

⁵ *Calvin E. King*, 51 ECAB 394 (2000); *Gabe Brooks*, 51 ECAB 184 (1999).

⁶ *Id.*

⁷ *Gloria J. McPherson*, 51 ECAB 441 (2000).

⁸ *Michael E. Smith*, 50 ECAB 313 (1999).

ANALYSIS

In this case, appellant has established that the June 10, 2003 employment incident occurred at the time, place and in the manner alleged. The remaining issue is whether the medical evidence establishes that appellant sustained an injury causally related to the employment incident. In order to establish causal relationship between the diagnosed condition and the employment incident, appellant must submit rationalized medical evidence, based on a complete and accurate factual and medical background, supporting such causal relationship.⁹

In an undated form report, Dr. Schultz noted appellant's complaints of arm pain since April 2003 and hip pain beginning June 10, 2003 secondary to lifting. She diagnosed forearm tendinitis and checked "yes" that the condition was caused or aggravated by employment. As Dr. Schultz did not reach a diagnosis or provide a causation finding regarding appellant's complaints of hip pain beginning June 10, 2003, the pertinent issue in this case, her opinion is of little probative value.

In a progress note dated June 16, 2003, Dr. Schultz diagnosed right hip bursitis/strain. In a progress note dated August 19, 2003, she indicated that appellant now had pain in the gluteus radiating to her right leg and tailbone. Dr. Schultz opined that her symptoms were not consistent with a hip strain and recommended an MRI scan. Dr. Schultz, in her June 16 and August 19, 2003 progress reports, did not address the cause of appellant's condition. Medical evidence which does not offer an opinion regarding the cause of an employee's condition is of limited probative value on the issue of causal relationship.¹⁰

In a progress note dated August 25, 2003, Dr. Schultz discussed appellant's complaints of pain and numbness from the hip to the leg. She related that appellant "describes her injury as occurring on June 10, 2003 after lifting 800 bags in a side-to-side motion." Dr. Schultz noted that appellant initially complained of pain in the right hip which now involved the right leg and buttocks. She diagnosed sciatica and requested an MRI scan. Dr. Schultz, however, reached no specific conclusions regarding the cause of appellant's condition but instead merely noted appellant's description of her injury as occurring after moving bags at work. A physician's report is of little probative value when it is based on the claimant's beliefs concerning causal relationship rather than the doctor's independent opinion.¹¹

Dr. Schultz, in an August 26, 2003 statement to the Office, related that appellant stated that she developed hip pain after lifting approximately 800 bags on June 10, 2003. She stated that she initially diagnosed greater trochanteric tendinitis but opined that appellant's symptoms were now more consistent with sciatica. In an accompanying disability certificate, Dr. Schultz diagnosed right hip strain and probable sciatica and found that appellant should not work. Again, she did not provide a specific causation finding but instead merely recited appellant's

⁹ See *Gary J. Watling*, 52 ECAB 278 (2001).

¹⁰ *Michael E. Smith*, *supra* note 8.

¹¹ *Earl David Seal*, 49 ECAB 152 (1997).

description of the injury; consequently, her opinion is insufficient to meet appellant's burden of proof.¹²

In the report dated September 3, 2003, Dr. Markham noted that appellant had pain from the right hip into her leg. He found that appellant's injury "occurred while she was loading baggage at the airport" and opined that she should remain of work pending an MRI scan. Dr. Markham, however, did not provide a definite diagnosis or provide any rationale for his opinion. Medical reports not containing rationale on causal relation are entitled to little probative value and are generally insufficient to meet an employee's burden of proof.¹³

The record contains an unsigned medical report dated October 2, 2003. As this report is not signed it cannot be considered probative evidence supporting appellant's claim.¹⁴

An award of compensation may not be based on surmise, conjecture, speculation, or upon appellant's own belief that there is causal relationship between her claimed condition and her employment.¹⁵ To establish causal relationship, appellant must submit a physician's report in which the physician reviews the employment factors identified by appellant as causing her condition and, taking these factors into consideration as well as findings upon examination of appellant, state whether the employment injury caused or aggravated appellant's diagnosed conditions and present medical rationale in support of his or her opinion.¹⁶ Appellant failed to submit such evidence in this case and, therefore, failed to discharge her burden of proof.

CONCLUSION

The Board finds that appellant has not established that she sustained an injury in the performance of duty on June 10, 2003.

¹² *Id.*

¹³ *Judith J. Montage*, 48 ECAB 292 (1997).

¹⁴ *See Merton J. Sills*, 39 ECAB 572 (1988).

¹⁵ *Kenneth R. Love*, 50 ECAB 193 (1998).

¹⁶ *Calvin E. King*, *supra* note 5.

ORDER

IT IS HEREBY ORDERED THAT the decisions of the Office of Workers' Compensation Programs dated August 4, 2004 and September 17, 2003 are affirmed.

Issued: February 23, 2005
Washington, DC

Alec J. Koromilas
Chairman

Colleen Duffy Kiko
Member

A. Peter Kanjorski
Alternate Member