

lifted a bag at work on November 21, 2003. Appellant stopped work on November 22, 2003 and claimed compensation for various periods of disability.¹

Appellant submitted a January 2, 2004 report in which Dr. John R. Mayer, an attending Board-certified surgeon, indicated that she reported having a Caesarean section several months prior and about two months before that had experienced a “sudden onset of abdominal pain with a tearing sensation followed by vaginal bleeding while lifting a heavy object at work.” Dr. Mayer noted that appellant was currently pain free and that she never noticed a lump or bulge in her abdomen. In connection with an abdominal examination, he stated, “The abdomen was soft to palpation with no masses, tenderness or organomegaly. There is no tenderness to palpation of the abdomen. There were no palpable hernias noted. There is a well-healed low transverse incision.” Dr. Mayer concluded that there was no evidence of a ventral hernia and stated, “[Appellant] likely had some internal tearing/injury which has now resolved.”

In a report dated March 22, 2004, Dr. Peter Lawrason, an attending Board-certified obstetrician, noted that appellant might be able to return to work in two weeks if her symptoms resolved and stated, “She has been disabled due to bleeding problems associated with job-related activities and associated with her earlier workmen’s compensation related claim.”

By letters dated March 23 and April 1, 2004, the Office requested that appellant submit additional factual and medical evidence in support of her claim.

In a statement dated April 15, 2004, appellant indicated that the bag she lifted on November 21, 2003 weighed approximately 100 pounds and noted that she felt “a gush of blood from my vagina” and intense pain at the site of the Caesarean section procedure which was performed when her daughter was born on September 9, 2003. Appellant indicated that currently she was 11 weeks pregnant.

Appellant also submitted an April 5, 2004 report in which Dr. Lawrason stated:

“She is experiencing complications in early pregnancy due to early workman’s compensation related injury. She is advised to discontinue work until symptoms resolve, which is an undetermined date at this point. She is specifically having bleeding problems in first trimester of pregnancy. [Appellant] was seen by me and should be excused from work.”

By decision dated May 3, 2004, the Office denied appellant’s claim on the grounds that she did not submit sufficient medical evidence to establish that she sustained an injury in the performance of duty on November 21, 2003.

In a report dated May 13, 2004, Dr. Keith L. Johansen, an attending Board-certified obstetrician, provided a history of the delivery of appellant’s first child on September 9, 2003. Dr. Johansen indicated that the postpartum and surgical courses of the Caesarean section performed on that date were normal with no infections or disruption of the wound. He noted that

¹ She received continuation of pay for the period November 22, 2003 to January 5, 2004 and claimed compensation for later periods of disability, including March 12 to April 17, 2004.

appellant presently was approximately 15 weeks pregnant and had experienced bleeding throughout the pregnancy. Dr. Johansen stated that appellant came with “the question of placenta previa from previous diagnosis” and indicated that ultrasound testing revealed no sign of bleeding and did not provide a “definite cause for ongoing bleeding issues or pain.” He further noted:

“Her other issue with this pregnancy is the ongoing lower abdominal pain and persistent bleeding. Examination of her abdomen revealed tenderness over her old uterine scar and again, her postpartum course and surgery course itself was without incident and should not have left her with any problem of this nature. She also dates the pain and bleeding from an episode postpartum where she had returned to work and lifted a very heavy container and after that had sharp pain and bleeding. At this point, I would feel there is nothing specific about her operation or surgical course that would leave her with either of these problems, and one has to think that possibly acute strain or possibly trauma to a recent surgical scar with excessive abdominal wall effort possibly could have caused this. Certainly vaginal bleeding would not be caused from the abdominal wall. But there could have still been some suture material or vascularity that could have been irritated or ruptured after the heavy effort....

“She is planning a repeat [C]aesarean section, so the wound could be reexplored to see if there is any herniation or other issues with it at that time and then after repair and recovery, it should be resolved.”

Appellant also submitted medical evidence from the September 2003 delivery of her child which described the performance of the Caesarean section procedure at that time.

By decision dated August 25, 2004, the Office affirmed its May 3, 2004 decision.

LEGAL PRECEDENT

An employee seeking benefits under the Federal Employees’ Compensation Act² has the burden of establishing the essential elements of 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 timely filed within the applicable time limitation period of the Act, 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.³ These are the essential elements of each compensation claim regardless of whether the claim is predicated upon a traumatic injury or an occupational disease.⁴

² 5 U.S.C. § 8101 *et seq.*

³ *Elaine Pendleton*, 40 ECAB 1143, 1145 (1989).

⁴ *Delores C. Ellyett*, 41 ECAB 992, 998-99 (1990); *Ruthie M. Evans*, 41 ECAB 416, 423-27 (1990).

To determine whether a federal employee has sustained a traumatic injury in the performance of duty, it first must be determined whether the “fact of injury” has been established. There are two components involved in establishing the fact of injury. First, the employee must submit sufficient evidence to establish that he actually experienced the employment incident at the time, place and in the manner alleged.⁵ Second, the employee must submit evidence, in the form of medical evidence, to establish that the employment incident caused a personal injury.⁶ The term “injury” as defined by the Act, refers to some physical or mental condition caused by either trauma or by continued or repeated exposure to, or contact with, certain factors, elements or conditions.⁷

ANALYSIS

Appellant alleged that she reopened her Caesarian section incision when she lifted a heavy bag at work on November 21, 2003. However, she did not submit sufficient medical evidence to establish that she sustained an injury in the performance of duty on November 21, 2003.

In support of her claim, appellant submitted a January 2, 2004 report in which Dr. Mayer, an attending Board-certified surgeon, indicated that she reported “abdominal pain with a tearing sensation followed by vaginal bleeding while lifting a heavy object at work.” He noted that an abdominal examination revealed a well-healed low traverse incision with no masses, tenderness, or organomegaly and concluded that there was no evidence of a ventral hernia. Dr. Mayer stated that appellant “likely had some internal tearing/injury which has now resolved,” but he did not provide any description of such a possible injury or provide any clear indication that it was related to the November 21, 2003 work incident of any other employment factor. This report is of limited probative value on the relevant issue of the present case in that it does not contain an opinion on causal relationship.⁸ Moreover, the report indicates that appellant’s Caesarean section incision was well healed and does not identify any other diagnosed problem.

Appellant also submitted March 22 and April 5, 2004 reports of Dr. Lawrason, an attending Board-certified obstetrician. Although these reports suggest that appellant had medical problems related to her work, they are too vague and lacking in detail to constitute rationalized medical reports relating appellant’s claimed condition to the November 21, 2003 employment incident. In the March 22, 2004 report, Dr. Lawrason stated that appellant was “disabled due to bleeding problems associated with job-related activities and associated with her earlier workmen’s compensation-related claim.” In the April 5, 2004 report, he indicated that she was

⁵ *Julie B. Hawkins*, 38 ECAB 393, 396 (1987); see Federal (FECA) Procedure Manual, Part 2 -- Claims, *Fact of Injury*, Chapter 2.803.2a (June 1995).

⁶ *John J. Carlone*, 41 ECAB 354, 356-57 (1989); see Federal (FECA) Procedure Manual, Part 2 -- Claims, *Fact of Injury*, Chapter 2.803.2a (June 1995).

⁷ *Elaine Pendleton*, *supra* note 3; 20 C.F.R. § 10.5(a)(14).

⁸ See *Charles H. Tomaszewski*, 39 ECAB 461, 467-68 (1988) (finding that 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).

“experiencing complications in early pregnancy due to early workman’s compensation-related injury.” Dr. Lawrason did not provide any description of the employment activities he apparently felt contributed to appellant’s medical condition. Therefore, his opinion is not based on a complete and accurate factual and medical history.⁹ Moreover, appellant was pregnant in early 2004 and Dr. Lawrason did not explain why her condition was not solely due to that circumstance or some other nonwork-related cause.

In a report dated May 13, 2004, Dr. Johansen, an attending Board-certified obstetrician, indicated that the postpartum and surgical courses of the Caesarean section procedure performed in September 2003 were normal with no infections or disruption of the wound. He noted that appellant reported pain after lifting a heavy container at work and stated that “one has to think that possibly acute strain or possibly trauma to a recent surgical scar with excessive abdominal wall effort possibly could have caused this” and that “there could have still been some suture material or vascularity that could have been irritated or ruptured after the heavy effort.” These statements use such phrases as “possibly” and “could have” and do not constitute a clear opinion on causal relationship. Rather, they represent speculation on the part of Dr. Johansen both with regard to the cause of appellant’s complaints and the medical condition she might suffered. The Board has held that a report which is speculative in nature is of limited probative value on the issue of causal relationship.¹⁰ Dr. Johansen did not diagnose any particular condition, whether related to appellant’s prior Caesarean section procedure or not, and he has not provided a rationalized medical opinion relating a specific condition to the November 21, 2003 employment incident.

CONCLUSION

The Board finds that appellant did not meet her burden of proof to establish that she sustained an injury in the performance of duty on November 21, 2003.

⁹ See *William Nimitz, Jr.*, 30 ECAB 567, 570 (1979) (finding that a medical opinion on causal relationship must be based on a complete and accurate factual and medical history).

¹⁰ See *Jennifer Beville*, 33 ECAB 1970, 1973 (1982), *Leonard J. O’Keefe*, 14 ECAB 42, 48 (1962) (finding that an opinion which is speculative in nature is of limited probative value on the issue of causal relationship).

ORDER

IT IS HEREBY ORDERED THAT the August 25 and May 3, 2004 decisions of the Office of Workers' Compensation Programs are affirmed.

Issued: March 2, 2005
Washington, DC

Colleen Duffy Kiko
Member

David S. Gerson
Alternate Member

Willie T.C. Thomas
Alternate Member