



deck plates for extended periods of time. He stated that his leg problems began during the summer of 2002 while he was working as a rigger. Appellant stated that during this time he began to notice some swelling and pain in his left foot and lower leg.

In a report dated October 25, 2002, Dr. Jeffrey Bernstein, a Board-certified surgeon specializing in vascular surgery, stated that appellant had related complaints of various symptoms in his left leg. Dr. Bernstein noted that appellant had pain in his left lower leg associated with swelling. He stated that appellant experienced the onset of these symptoms a few years before but that these symptoms had worsened recently due to an increase in his workload. Dr. Bernstein also stated that appellant noted enlarged veins in the region of the knee and ankle. Dr. Bernstein diagnosed symptomatic venous reflux of the left leg and referred appellant to a vascular laboratory to undergo a venous duplex examination of the left lower extremity. The results of this August 16, 2002 examination showed valvular incompetence of the common femoral vein as well as incompetence of the greater saphenous vein to the level of the calf, with no evidence of deep vein thrombophlebitis.

By letter dated March 17, 2004, the Office advised appellant that he required additional factual and medical evidence to determine whether he was eligible for compensation benefits. The Office asked appellant to submit a comprehensive medical report from his treating physician describing his symptoms and the medical reasons for his condition and an opinion as to whether his claimed conditions were causally related to his federal employment.

In a treatment note dated September 29, 2003, Dr. Lila Aflatooni, a Board-certified family practitioner, noted that appellant was under her care due to left lower extremity venous duplex insufficiency and had been evaluated by a vascular surgeon. In a report dated November 30, 2003, Dr. Garrett W. Duckworth, a specialist in occupational medicine and Navy medical officer, stated that appellant had developed vascular insufficiency of the left leg over the past several years. He noted that appellant had sustained an injury to the left leg when he was 19 years old while serving in Southeast Asia, but had experienced no problems with his leg until November 2002, when he increased his work hours from 40 to 70 hours per week, with prolonged standing. The record also contains reports dated November 8 and December 5, 2002, September 17 and 30 and December 4, 2003 from Dr. Duckworth, which outlined physical limitations on lifting/carrying and pulling/pushing more than 60 pounds, standing for no more than 4 hours per day and medium levels of scaffolding, stair climbing, climbing vertical ladders and walking on uneven surfaces and structures.

By decision dated August 5, 2004, the Office denied appellant's claim that he sustained an employment-related leg condition.

### **LEGAL PRECEDENT**

An individual seeking benefits under the Federal Employees' Compensation Act<sup>1</sup> has the burden of establishing that 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 timely filed within the applicable time limitation period of the Act, that an injury was

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<sup>1</sup> 5 U.S.C. §§ 8101-8193.

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.<sup>2</sup> 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.<sup>3</sup>

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 medical evidence required to establish causal relationship is usually rationalized medical evidence. Rationalized medical opinion evidence is medical evidence, which includes a physician's rationalized 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>4</sup>

### ANALYSIS

In the instant case, appellant has failed to submit any medical opinion containing a rationalized, probative report, which relates his claimed left leg condition to factors of his employment. For this reason, he has not discharged his burden of proof to establish his claim that this condition was sustained in the performance of duty.

In support of his claim, appellant submitted the October 25, 2002 report from Dr. Bernstein, which recorded his complaints regarding various symptoms in his left leg, which had increased in recent years due to an increased workload. These included pain and swelling in his left lower leg associated with swelling, enlarged veins in the knee and ankle area. In addition, Dr. Bernstein advised that the results of the August 16, 2002 venous duplex examination reflected valvular incompetence of the common femoral vein and incompetence of the greater saphenous vein to the level of the calf with no evidence of deep vein thrombophlebitis. Dr. Bernstein's opinion, however, is of limited probative value as it does not contain any medical rationale explaining how or why appellant's claimed left leg condition is currently affected by or related to factors of employment.<sup>5</sup> The weight of the medical opinion is determined by the opportunity for and thoroughness of examination, the accuracy and

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

<sup>3</sup> *Victor J. Woodhams*, 41 ECAB 345 (1989).

<sup>4</sup> *Id.*

<sup>5</sup> *William C. Thomas*, 45 ECAB 591 (1994).

completeness of physician's knowledge of the facts of the case, the medical history provided, the care of analysis manifested and the medical rationale expressed in support of stated conclusions.<sup>6</sup> Although Dr. Bernstein indicated that appellant experienced pain swelling and aggravation of a vascular condition due to "an increase in his workload," he did not provide any significant description of appellant's job duties, which could have caused the left leg symptomatology. The Board has held that a report which is not based on a complete and accurate factual and medical history is of limited probative value.<sup>7</sup> Dr. Bernstein did not explain the medical process through which such duties would have been competent to cause the claimed conditions.

None of the other reports appellant submitted contained medical evidence sufficient to establish that his claimed left leg condition was caused by factors of his employment. The reports from Drs. Aflatooni and Duckworth stated that appellant developed increasing symptoms of venous/vascular insufficiency of the left leg over the past several years; Dr. Duckworth indicated that appellant was working with several restrictions due to his complaints of left leg pain. However, neither of these physicians related this condition to factors of his federal employment with probative, rationalized medical evidence. These reports are of limited probative value because they offered no discussion as to the basis of the venous/vascular insufficiency diagnosis or any examination or physiological explanation as to how appellant's increased workload could have caused the condition.

Appellant did not provide a medical opinion to sufficiently describe or explain the medical process through which his duties as a rigger would cause or aggravate his claimed condition. Appellant therefore failed to meet his burden that he sustained the claimed condition in the performance of duty. The Board therefore affirms the Office's August 5, 2004 decision denying benefits for his claimed left leg condition.

### **CONCLUSION**

The Board finds that appellant has not met his burden of proof in establishing that his claimed left leg condition was causally related to his employment.

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<sup>6</sup> See *Ann C. Leanza*, 48 ECAB 115 (1996).

<sup>7</sup> 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) (1994).

**ORDER**

**IT IS HEREBY ORDERED THAT** the August 5, 2004 decision of the Office of Workers' Compensation Programs is affirmed.

Issued: March 10, 2005  
Washington, DC

David S. Gerson  
Alternate Member

Willie T.C. Thomas  
Alternate Member

A. Peter Kanjorski  
Alternate Member