

train a clerk while she was being treated for cervical disc problems and receipt of a letter from her supervisor which “negated training” she had received and “added manual work.”¹

By letter dated June 20, 2001, the Office advised appellant that she needed to submit medical evidence containing dates of examination and treatment, a history of the injury, a detailed description of findings on examination, the results of tests, a diagnosis and course of treatment followed and a rationalized physician’s opinion explaining how her cerebral hemorrhage sustained on August 4, 1999 was causally related to factors of her employment.

Appellant submitted hospital records from Dr. M. Jerry Day, a neurosurgeon, who stated that she was hospitalized on August 4, 1999 for treatment of a right temporal intracerebral hemorrhage. He stated that appellant was at work when she developed a sudden severe right temporal headache and other symptoms. Dr. Day noted that appellant had a history of hypertension. His impression was a spontaneous right temporal intracerebral hemorrhage secondary to hypertension (high blood pressure) or neoplasm, rule out an aneurysm.² Appellant underwent surgery on August 4, 1999 consisting of a right temporal frontal craniotomy and evacuation of a hematoma (blood clot) with biopsy of the hematoma and surrounding brain. In a February 1, 2000 cover letter, accompanying the hospital records, Dr. Day stated that appellant was totally disabled due to left hemiparesis and persisting cognitive and visual deficits secondary to her intracerebral hemorrhage in August 1999.

In a report dated January 4, 2000, James F. Phifer, Ph.D., a licensed clinical psychologist, indicated that he performed a neuropsychological evaluation in order to determine the nature and extent of appellant’s cognitive and emotional sequelae following the cerebral hemorrhage and hematoma on August 4, 1999. He did not address the issue of causal relationship.

By decision dated July 25, 2001, the Office denied appellant’s claim on the grounds that the medical evidence failed to establish that her cerebral hemorrhage sustained on August 4, 1999 was causally related to factors of her employment.

On August 15, 2001 appellant requested an oral hearing which was held on June 4, 2004.

Subsequent to the oral hearing, appellant submitted a June 28, 2004 report from Dr. Phifer in which he described the cognitive, memory and visual deficits caused by her August 4, 1999 cerebral hemorrhage and hematoma. He did not address the issue of causal relationship.

By decision dated October 13, 2004, an Office hearing representative affirmed the July 25, 2001 Office decision.

¹ Appellant indicated that she had undergone training on how to scan mail into a computer database but her supervisor advised in his letter that she was still required to put the scanned data into a daily written report.

² Appellant underwent cerebral arteriography which revealed no evidence of an aneurysm.

LEGAL PRECEDENT

To establish a causal relationship between appellant's condition and any attendant disability claimed and the employment event or incident, she must submit rationalized medical opinion evidence supporting such causal relationship. Rationalized medical opinion evidence is medical evidence that includes a physician's rationalized opinion on whether there is a causal relationship between the claimant's diagnosed condition and 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.³

ANALYSIS

Appellant alleged that her cerebral hemorrhage and hematoma sustained on August 4, 1999 was caused by job stress on that date.

In hospital records dated August 4 and 5, 1999, Dr. Day indicated that appellant was hospitalized for treatment of a spontaneous right temporal intracerebral hemorrhage that manifested itself while appellant was at work, she underwent surgery on August 4, 1999 to remove the blood clot in her brain, and was found totally disabled. However, these medical records did not include a rationalized medical opinion as to the cause of the cerebral hemorrhage and hematoma, nor do they indicate that appellant's condition was caused by work stress on August 4, 1999 or any other employment factor. The Board has held that the fact that a condition manifests itself during a period of employment does not raise an inference of causal relationship between the claimed condition and employment factors.⁴ Therefore, the medical records from Dr. Day are not sufficient to establish that appellant's cerebral hemorrhage and hematoma on August 4, 1999 were work related.

In reports dated January 4, 2000 and June 28, 2004, Dr. Phifer indicated that he performed a neuropsychological evaluation and he described appellant's cognitive, memory and visual deficits caused by her August 4, 1999 cerebral hemorrhage and hematoma, but did not address the issue of causal relationship. Therefore, his reports are not sufficient to establish that appellant's August 4, 1999 cerebral hemorrhage and hematoma were causally related to factors of her employment.

CONCLUSION

The Board finds that appellant failed to meet her burden of proof to establish that her cerebral hemorrhage and hematoma sustained on August 4, 1999 were causally related to factors of her employment.

³ *Gloria J. McPherson*, 51 ECAB 441 (2000); *Gary L. Fowler*, 45 ECAB 365 (1994).

⁴ *See Thomas L. Hogan*, 47 ECAB 323 (1996).

ORDER

IT IS HEREBY ORDERED THAT the decision of the Office of Workers' Compensation Programs dated October 13, 2004 is affirmed.

Issued: May 12, 2005
Washington, DC

Colleen Duffy Kiko
Member

Michael E. Groom
Alternate Member

A. Peter Kanjorski
Alternate Member