

Appellant received treatment for his ankle condition from Dr. Robert Swain, an osteopath. In a number of brief reports dated beginning June 7, 2005, he indicated that appellant had a left ankle strain or sprain and recommended that he only perform sedentary work with no climbing steps and no driving at work.¹ The findings of June 7, 2005 x-ray testing of appellant's left ankle revealed normal results.

In a report dated June 10, 2005, Dr. Swain stated that when he first saw appellant on June 7, 2005 he reported that he had twisted his left ankle at work on May 12, 2005. He noted that June 8, 2005 magnetic resonance imaging (MRI) scan testing of the left ankle revealed a tear of the anterior talofibular ligament, anterior substance longitudinal splits of the peroneus longus tendon, osteochondral defect of the posterior talus and diffuse bone bruising of the distal fibula and talus.² Dr. Swain stated that appellant had reported left ankle pain since his initial injury but was now complaining of pain in his left knee and the lateral gastrocnemius of his left leg. He noted: "This would be expected to the extent of his injury and his lack of supportive tissues." Dr. Swain diagnosed left ankle injury with a bone bruise of the distal talus fibula, tear of the talofibular ligament, longitudinal split fibers of the peroneal sheath and some possible longitudinal tearing of the sheath fibers. He indicated that appellant should remain on sedentary duty and stated that it would have to be determined whether he "represents a workers' compensation type case and not a different type."

In a report dated July 8, 2005, Dr. Wen Chao, an attending Board-certified orthopedic surgeon, noted that appellant reported injuring his left ankle on May 12, 2005 "when he was going down some steps." He indicated that appellant had some limited left ankle dorsiflexion and plantar flexion, but that there was no muscle weakness, dislocation, laxity or neurological deficit of the lower extremities. Dr. Chao diagnosed left anterior talofibular ligament tear, stress fracture of the left talus and fibula and peroneal tendon tear.

In a report dated July 12, 2005, Dr. Gouri Atri, an attending physician Board-certified in preventive medicine, indicated that appellant exhibited minimal tenderness and fullness over the later aspect of his left ankle and that he had good range of motion of his left ankle. He diagnosed left ankle strain with tear of the anterior talofibular ligament and partial tear of the peroneus tendons and recommended sedentary work.

The Office accepted that appellant sustained a left ankle sprain/strain and he received continuation of pay for the period May 12 to June 7, 2005. The employing establishment terminated appellant effective June 7, 2005.

Appellant claimed that he was entitled to disability compensation and medical benefits for the period June 8 to December 1, 2005, due to his May 12, 2005 employment injury.

By decision dated March 15, 2006, the Office denied appellant's claim on the grounds that he did not submit sufficient medical evidence to establish that he had residuals of his May 12, 2005 employment injury during the period June 8 to December 1, 2005.

¹ Dr. Swain continued to recommend sedentary work through August 2005.

² The record contains a copy of the results of this testing.

LEGAL PRECEDENT

An employee seeking benefits under the Federal Employees' Compensation Act³ has the burden of establishing the essential elements of his 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.⁴ The medical evidence required to establish a causal relationship between a claimed period of disability and an employment injury is rationalized medical opinion 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 compensable 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.⁵

ANALYSIS

The Office accepted that appellant sustained a left ankle sprain/strain on May 12, 2005 and he claimed that he was entitled to disability compensation and medical benefits for the period June 8 to December 1, 2005 due to his May 12, 2005 employment injury. The Office determined that appellant did not submit sufficient medical evidence to establish that he had residuals of his May 12, 2005 employment injury during the period June 8 to December 1, 2005.

The Board finds that appellant did not submit sufficient medical evidence to establish that he had residuals of his May 12, 2005 employment injury during the period June 8 to December 1, 2005.

Appellant submitted a number of brief reports dated beginning June 7, 2005 in which Dr. Swain, an attending osteopath, indicated that he had a left ankle strain or sprain and recommended that he only perform sedentary work. These reports, however, are of limited probative value on the relevant issue of the present case in that they do not contain an opinion on causal relationship.⁶ He did not provide any indication that this sedentary work was necessitated by the May 12, 2005 employment injury. In a report dated June 10, 2005, Dr. Swain discussed the results of June 8, 2005 MRI scan testing and diagnosed left ankle injury with a bone bruise of the distal talus fibula, tear of the talofibular ligament, longitudinal split fibers of the peroneal sheath and some possible longitudinal tearing of the sheath fibers. He did not indicate that these

³ 5 U.S.C. §§ 8101-8193.

⁴ *Elaine Pendleton*, 40 ECAB 1143, 1145 (1989).

⁵ *See Donna Faye Cardwell*, 41 ECAB 730, 741-42 (1990).

⁶ *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).

additional left ankle conditions, which were not accepted as employment related, were related to the May 12, 2005 injury. Dr. Swain also stated that appellant had reported left ankle pain since his initial injury but was now complaining of pain in his left knee and the lateral gastrocnemius of his left leg. He noted: "This would be expected to the extent of his injury and his lack of supportive tissues," but he did not provide a clear opinion that appellant had disability or a need for medical benefits during the period June 8 to December 1, 2005 due to his May 12, 2005 employment injury. In fact, Dr. Swain indicated that it remained to be determined whether appellant "represents a workers' compensation type case and not a different type."

Appellant also submitted a July 8, 2005 report in which Dr. Chao, an attending Board-certified orthopedic surgeon, noted that appellant reported injuring his left ankle on May 12, 2005 "when he was going down some steps" and diagnosed left anterior talofibular ligament tear, stress fracture of the left talus and fibula and peroneal tendon tear. Dr. Chao did not provide any opinion on the cause of these left ankle conditions. In a July 12, 2005 report, Dr. Atri, an attending physician Board-certified in preventive medicine, diagnosed left ankle strain with tear of the anterior talofibular ligament and partial tear of the peroneus tendons and recommended sedentary work. He also did not provide any indication that appellant had an employment-related condition during the period June 8 to December 1, 2005, which caused disability or created a need for medical benefits.

CONCLUSION

The Board finds that appellant did not meet his burden of proof to establish that he had residuals of his May 12, 2005 employment injury during the period June 8 to December 1, 2005.

ORDER

IT IS HEREBY ORDERED THAT the March 15, 2006 decision of the Office of Workers' Compensation Programs is affirmed.

Issued: August 2, 2006
Washington, DC

Alec J. Koromilas, Chief Judge
Employees' Compensation Appeals Board

David S. Gerson, Judge
Employees' Compensation Appeals Board