



In a report dated May 11, 2005, Dr. Carmela M. Leonora, Board-certified in internal medicine, stated:

“[Appellant] has difficulty describing the quality of his chest discomfort. He was hospitalized in 2002 at our facility and [a] myocardial infarction was ruled out. [Appellant] exercised on a treadmill test to a good workload without Cardiolite evidence of coronary artery disease. He continued to have intermittent chest discomfort. [Appellant] has been under a lot of stress recently and on [April 26, 2005] he developed chest pain while at work at [the employing establishment]. He was admitted to their facility and underwent a coronary angiogram, which demonstrated small vessels, normal left ventricular function and a lesion in the mid circumflex of probably 80 percent.

“He states that he has had some chest discomfort since release from the hospital, but more than anything, he just does not really feel like himself. [Appellant] has been placed off of work ending cardiology evaluation here. He has never smoked. [Appellant] denies a family history of premature coronary artery disease. He denies diabetes. [Appellant] does have hyperlipidemia and hypertension. He does have a history of a remote cerebrovascular accident without significant residual.”

Dr. Leonora diagnosed coronary artery disease and concluded that appellant would benefit from catheter-based intervention.

Appellant also submitted an April 7, 2005 employing establishment accident report, which stated that appellant was treated for stress, physical overexertion and exhaustion which contributed to an arterial blockage.

By letter dated July 8, 2005, the Office advised appellant to submit 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 a treating physician describing his symptoms and an opinion as to whether his claimed condition was causally related to his federal employment.

In response to the Office’s request, appellant submitted a July 29, 2003 work capacity evaluation form. The form indicates with a checkmark that appellant is capable of performing his usual work and few physical findings. There is an illegible signature at the bottom of the form.

By decision dated August 10, 2005, the Office denied appellant’s claim that he sustained an employment-related coronary artery disease condition.

### **LEGAL PRECEDENT**

An employee 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

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<sup>1</sup> 5 U.S.C. §§ 8101-8193.

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.<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>

An award of compensation may not be based on surmise, conjecture or speculation. Neither the fact that appellant’s condition became apparent during a period of employment nor the belief that his condition was caused, precipitated or aggravated by his employment is sufficient to establish causal relationship.<sup>5</sup> Causal relationship must be established by rationalized medical opinion evidence and appellant failed to submit such evidence.

### ANALYSIS

In the instant case, appellant has failed to submit sufficient medical evidence which provides a rationalized opinion relating his claimed coronary artery 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.

Appellant submitted the May 11, 2005 report from Dr. Leonora, who noted that appellant had been hospitalized for stress and chest pains in 2002, at which time a myocardial infarction was ruled out. Dr. Leonora advised that appellant experienced intermittent chest discomfort 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> *Id.*

had recently experienced a great deal of stress. She stated that appellant developed chest pain while at work on April 26, 2005 after which he was admitted to their facility and underwent a coronary angiogram. Dr. Leonora related that the angiogram results demonstrated small vessels, normal left ventricular function, and a lesion in the mid circumflex of probably 80 percent, but she did not relate these results to any work-related activity. She advised that appellant had hyperlipidemia and hypertension, with a history of a remote cerebrovascular accident without significant residual. Dr. Leonora diagnosed coronary artery disease and concluded that appellant would benefit from catheter-based intervention. None of these findings were attributed to any employment-related aspects of his federal employment.

Dr. Leonora's report does not provide a rationalized medical opinion that the claimed coronary condition was causally related to employment factors. Her opinion, therefore, is of diminished probative value as it does not contain any medical rationale explaining how or why appellant's claimed coronary condition was caused or aggravated by his employment.<sup>6</sup> Although Dr. Leonora suggested that appellant's chest pain and coronary had increased as a result of work-related stress, she failed to provide any description of the work activities that produced stress in his employment. The weight of medical opinion is determined by the opportunity for and thoroughness of examination, the accuracy and completeness of the 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>7</sup> Dr. Leonora did not sufficiently describe appellant's job duties or explain the medical process through which such duties would have been competent to cause the claimed condition. Dr. Leonora's reports, the only evidence appellant submitted in support of his claim, did not constitute sufficient medical evidence to establish that his claimed coronary artery disease was causally related to his employment.

### **CONCLUSION**

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

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<sup>6</sup> *William C. Thomas*, 45 ECAB 591 (1994).

<sup>7</sup> *See Anna C. Leanza*, 48 ECAB 115 (1996).

**ORDER**

**IT IS HEREBY ORDERED THAT** the August 10, 2005 decision of the Office of Workers' Compensation Programs is affirmed.

Issued: February 17, 2006  
Washington, DC

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

Michael E. Groom, Alternate Judge  
Employees' Compensation Appeals Board