

On February 13, 2004 appellant, then a 48-year-old counseling supervisor, filed an occupational disease claim alleging heart problems as a result of his federal employment. He first became aware of his heart problems on December 16, 2002 and first related his condition to his employment duties on December 11, 2003. In a statement accompanying his claim, appellant indicated that on December 11, 2003 he moved mats in preparation for the employing establishment's community Christmas dinner. He stated that, after completing this task, he had chest pain and subsequently received medical treatment. Appellant was treated at the hospital and released on December 16, 2003. He returned to work on December 17, 2003.

By letter dated June 9, 2004, the Office asked appellant to submit further information. He did not file a timely response and by decision dated July 16, 2004, the Office denied appellant's claim for the reason that he had not established that his injury occurred in the performance of duty.

On August 27, 2004 appellant requested both a hearing and reconsideration. By decision dated October 26, 2004, the Office denied his request for a hearing. In a decision dated June 14, 2005, the Board remanded the case to the Office with instructions to hold an oral hearing.²

Appellant submitted an August 5, 2004 note by Dr. James K. Crager, a Board-certified internist with a subspecialty in cardiovascular disease. He stated:

“[Appellant] underwent catheter based intervention in December 2003 for acute coronary syndrome. At that time, [appellant] noted that his chest discomfort began with exertion at his workplace. Therefore, it cannot be excluded that work-related activities resulted in cardiac instability.”

The hearing was held on November 30, 2005. At the hearing, appellant testified that, on December 11, 2003, the administrative officer asked him to assist in setting up the gym for a Christmas program and he experienced chest pains immediately after moving mats in this effort. He noted that his job did not normally involve physical activity.

Appellant retained an attorney, who submitted notes from appellant's stay at St. Claire Regional Medical Center in December 2003. On December 12, 2003 appellant underwent a right heart catheterization, selective right and left coronary angiography and left ventriculogram. He was discharged on December 12, 2003 with final diagnoses of unstable angina with coronary artery disease, anxiety, hypercholesterolemia and mild renal insufficiency. In a December 12, 2003 consult, Dr. Vinod Makhija, a Board-certified internist with a subspecialty in cardiovascular disease, noted that appellant presented with angina and that his impression was Bradycardia felt secondary to beta blocker therapy. He noted that appellant felt discomfort in his chest when unfolding mats.

The employing establishment submitted appellant's attendance records and an indication from the on-site medical department that appellant was seen on December 11, 2003.

² *Id.*

By decision dated February 13, 2006, the hearing representative affirmed the July 16, 2004 denial of appellant's claim, finding that the medical evidence did not establish that he sustained an injury in the performance of duty as claimed.

LEGAL PRECEDENT

An employee seeking benefits under the Federal Employees' Compensation Act³ has the burden of proof to establish 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 filed within the applicable time limitation; that an injury was sustained while 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 These are the essential elements of each and every compensation claim regardless of whether the claim is predicated on a traumatic injury or an occupational disease.⁵

To determine whether an employee has sustained a traumatic injury in the performance of duty, "fact of injury" must first be established.⁶ The employee must submit sufficient evidence to establish that he or she actually experienced the employment incident at the time, place and in the manner alleged.⁷ Second, the employee must submit sufficient evidence, generally only in the form of medical evidence, to establish that the employment incident caused a personal injury.⁸

An award of compensation may not be based on surmise, conjecture or speculation or upon appellant's belief that there is a causal relationship between his condition and his employment.⁹ To establish causal relationship, appellant must submit a physician's report in which the physician reviews the factors of employment identified by him as causing his condition and taking these factors into consideration as well as findings upon examination and appellant's medical history, states whether these employment factors caused or aggravated his diagnosed condition.¹⁰

³ 5 U.S.C. §§ 8101-8193.

⁴ *Joe D. Cameron*, 41 ECAB 153 (1989); *Elaine Pendleton*, 40 ECAB 1143 (1989).

⁵ *See Irene St. John*, 50 ECAB 521 (1999); *Michael E. Smith*, 50 ECAB 313 (1999); *Elaine Pendleton*, *supra* note 4.

⁶ *Neal C. Evins*, 48 ECAB 242 (1996). Although appellant initially filed his claim as an occupational disease, he subsequently attributed the condition to an incident occurring on December 11, 2003. A traumatic injury refers to injury caused by a specific event or incident or series of incidents occurring within a single workday or work shift whereas occupational disease refers to injury produced by employment factors which occur or are present over a period longer than a single workday or work shift. 20 C.F.R. §§ 10.5(a)(15), (16); *Brady L. Fowler*, 44 ECAB 343, 351 (1992). Accordingly, this case is properly treated as a traumatic injury claim.

⁷ *See Tracey P. Spillane*, 54 ECAB 608 (2003); *Deborah L. Beatty*, 54 ECAB 340 (2003).

⁸ *Id.*

⁹ *Manuel Gill*, 52 ECAB 282, 287 (2001).

¹⁰ *Calvin E. King*, 51 ECAB 394, 401 (2000).

ANALYSIS

The Board finds that appellant submitted insufficient rationalized medical evidence to establish that his heart condition was causally related to the December 11, 2003 incident at work. Dr. Makhija merely noted appellant's assertion that he experienced pain while unfolding mats at work. He provided no medical comment on causal relationship. Dr. Crager stated that, because appellant noted chest discomfort when he began exertion at his workplace, "it cannot be excluded that work-related activities resulted in cardiac instability." However, an award of compensation may not be based on surmise, conjecture or speculation.¹¹ Dr. Crager's opinion is speculative as it merely states that appellant's work activities could be excluded as a cause. The Board has held that the mere fact that a disease manifests itself during a period of employment does not raise an inference that there is a causal relationship between the two.¹² Appellant has not submitted a well-rationalized medical report definitively relating his heart condition to the December 11, 2003 work incident. Accordingly, he has not established that he sustained an injury related to his federal employment and the Office properly denied the claim.

CONCLUSION

The Board finds that appellant has not established that he sustained an injury in the performance of duty on December 11, 2003, as alleged.

ORDER

IT IS HEREBY ORDERED THAT the decision of the Office of Workers' Compensation Programs dated February 13, 2006 is affirmed.

Issued: July 21, 2006
Washington, DC

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

David S. Gerson, Judge
Employees' Compensation Appeals Board

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

¹¹ *Manuel Gill*, *supra* note 9.

¹² *See Ernest St. Pierre*, 51 ECAB 623 (2000).