

the pain became worse on neck movement and right arm movement. His examination of the right shoulder revealed subacromial tenderness, painful area, in addition to scapular area trigger point tenderness which also occurred with neck movements. Dr. Samad diagnosed tendinitis of the right shoulder and cervical spondylosis with trigger point tenderness in the right scapula.¹ Appellant also submitted several reports from December 2005 from a physical therapist.

On January 4, 2006 the Office advised appellant that it 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 her symptoms and the medical reasons for his condition, and an opinion as to whether his claimed condition was causally related to his federal employment. The Office requested that appellant submit the additional evidence within 30 days.

Appellant submitted October 11 and November 1, 2005 reports from Dr. Bill Scott Barnhill, Board-certified in orthopedic medicine. On October 11, 2005 he noted complaints of shoulder pain with tenderness over the AC joint and positive impingement on examination. Dr. Barnhill stated in his November 1, 2005 report that he had initially treated appellant for right shoulder pain on May 24, 2005.² He noted that appellant had stated that he originally injured his shoulder in 1984 or 1985. Dr. Barnhill stated:

“Recently, he was hurt in Hurricane Katrina when he was unloading some trucks, and now the pain is getting worse in the right shoulder. Initial evaluation revealed classic rotator cuff impingement, but he didn’t have any weakness in external rotation or abduction. X-rays revealed a Type II acromion. Impression at that time was rotator cuff impingement, and I also noted some AC joint arthrosis. I did an injection into the subacromial space and would follow him in six weeks. On October 11, 2005 [appellant] was followed again, and he stated that he got some improvement, but was not 100 percent. He still had tenderness over the AC joint and impingement was still positive. The patient had a magnetic resonance imaging [MRI] scan performed on May 1, 2005, which revealed swelling and edema in the AC joint, and it was felt that the swelling and protrusion on the inferior aspect was causing some impingement on the supraspinatus tendon. [Appellant] has been given the option of doing an arthroscopic decompression and resecting the distal clavical to help correct this condition.”

In a report dated January 11, 2006, Dr. Samad again noted some subacromial tenderness. He stated that appellant’s range of motion exercises were painful, though he did not display tender effusion on examination. Dr. Samad diagnosed right shoulder impingement. Appellant also submitted treatment notes from August, September, October and December 2005 which were not signed by a physician.

¹ The record contains a May 1, 2005 right shoulder MRI scan which found swelling and edema of the soft tissues in the acromioclavicular (AC) joint with moderate to severe tendinosis of the conjoined tendon rotator cuff with no definite tear identified.

² The record contains a May 24, 2005 report from Dr. Barnhill.

By decision dated February 7, 2005, the Office denied appellant's claim, finding that he failed to submit sufficient medical evidence in support of his claim.

LEGAL PRECEDENT

An employee seeking benefits under the Federal Employees' Compensation Act³ 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 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 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.⁵

To determine whether a federal employee has sustained a traumatic injury in the performance of duty, it must first be determined whether a "fact of injury" has been established. First, 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.⁶ 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.⁷ 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.⁸

The Board has held that the mere fact that a condition manifests itself during a period of employment does not raise an inference that there is a causal relationship between the two.⁹

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 her condition was caused, precipitated or aggravated by his employment is

³ 5 U.S.C. §§ 8101-8193.

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

⁵ *Victor J. Woodhams*, 41 ECAB 345 (1989).

⁶ *John J. Carlone*, 41 ECAB 354 (1989).

⁷ *Id.* For a definition of the term "injury," see 20 C.F.R. § 10.5(a)(14).

⁸ *Id.*

⁹ *See Joe T. Williams*, 44 ECAB 518, 521 (1993).

sufficient to establish causal relationship.¹⁰ Causal relationship must be established by rationalized medical opinion evidence and appellant failed to submit such evidence.

ANALYSIS

In this case, it is uncontested that appellant experienced the September 10, 2005 employment incident at the time, place and in the manner alleged. However, the question of whether an employment incident caused a personal injury and resultant disability can only be established by medical evidence.¹¹ Appellant has not submitted rationalized, probative medical evidence to establish that the employment incident on September 10, 2005 caused a personal injury and resultant disability.

The reports from Drs. Samad and Barnhill, physicians who examined appellant and diagnosed right shoulder impingement, failed to provide a rationalized medical opinion that this condition was causally related to the September 10, 2005 employment incident. In his November 22, 2005 report, Dr. Samad noted that appellant had some subacromial tenderness, and that his range of motion exercises were painful. He diagnosed right shoulder impingement. Dr. Barnhill noted appellant's history that injured his right shoulder during Hurricane Katrina while unloading some trucks. He indicated that he had originally seen appellant for right shoulder pain in May 2005 and that this condition began with an injury back in 1984 or 1985. Dr. Barnhill diagnosed classic rotator cuff impingement and a Type II acromion, with some AC joint arthrosis. Appellant underwent an MRI scan on May 1, 2005 which revealed swelling and edema in the AC joint causing some impingement on the supraspinatus tendon. Dr. Barnhill administered an injection into the subacromial space and examined him again on October 11, 2005, following the work incident. During this examination, he noted tenderness over the AC joint; he stated in his November 1, 2005 that impingement syndrome was still positive.

The weight of medical opinion is determined by the opportunity for and thoroughness of examination, the accuracy and 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.¹² Drs. Samad and Barnhill presented a diagnosis of appellant's condition. Dr. Barnhill indicated that appellant injured his right shoulder while unloading trucks following Hurricane Katrina. However, neither Dr. Barnhill nor Dr. Samad provided a medical report describing appellant's preexisting right shoulder condition. The record reflects prior treatment and an MRI scan obtained in May 2005 for right shoulder tendinosis. The physicians did not address how the September 10, 2005 incident would contribute to or aggravate the right shoulder condition. Dr. Barnhill did not explain how appellant's symptoms following the September 10, 2005 incident had been aggravated. He noted tenderness and edema with some impingement on the supraspinous tendon in May 2005. The reports from the physical therapist

¹⁰ *Id.*

¹¹ *John J. Carlone, supra note 6.*

¹² *See Anna C. Leanza, 48 ECAB 115 (1996).*

were not composed by a physician and therefore do not constitute medical evidence pursuant to section 8101(2).¹³

The Office advised appellant of the evidence required to establish his claim; however, appellant failed to submit such evidence. Appellant did not provide a medical opinion to sufficiently describe or explain the medical process through which the September 10, 2005 work accident would aggravate or contribute to his right shoulder condition. Accordingly, as appellant has failed to submit any probative medical evidence establishing that he sustained a right shoulder injury in the performance of duty, the Office properly denied appellant's claim for compensation.

CONCLUSION

The Board finds that appellant has failed to establish that he sustained an injury to his right shoulder in the performance of duty on September 10, 2005.

ORDER

IT IS HEREBY ORDERED THAT the February 7, 2006 decision of the Office of Workers' Compensation Programs be affirmed.

Issued: July 21, 2006 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

¹³ 5 U.S.C. § 8101(2).