United States Department of Labor
Employees' Compensation Appeals Board

WAI L. WONG, Appellant	)	
and	)	**Docket No. 06-783**
	)	**Issued: June 19, 2006**
DEPARTMENT OF THE ARMY, PICATINNY ARSENAL, Picatinny, NJ, Employer	)	

Appearances:
Wai L. Wong, pro se
Office of Solicitor, for the Director

Case Submitted on the Record

DECISION AND ORDER

Before:
DAVID S. GERSON, Judge
MICHAEL E. GROOM, Alternate Judge

JURISDICTION

On February 14, 2006 appellant filed a timely appeal from June 16 and December 8, 2005 decisions of the Office of Workers' Compensation Programs denying his claim for a detached retina. Pursuant to 20 C.F.R. §§ 501.2(c) and 501(d)(3), the Board has jurisdiction over the merits of the claim.

ISSUE

The issue is whether appellant has established that he sustained a detached retina in the left eye in the performance of duty.

FACTUAL HISTORY

On May 5, 2004 appellant, then a 52-year-old systems project engineer, filed a claim for traumatic injury (Form CA-1) asserting that on February 25, 2004 while on official travel in Belgium, he sustained a retinal detachment with multiple tears in his left eye, causing significant vision loss. Appellant attributed the injury to the physical exertion of changing a flat tire on a rental car on February 25, 2004, coupled with the strain of a transatlantic overnight flight from February 23 to 24, 2004 and traveling in a foreign country. He recalled that while changing the

tire, he experienced a sudden onset of visual field loss in the top hemisphere of his left eye. Appellant sought emergency room treatment that evening where a physician, who did not speak English, diagnosed conjunctivitis. Appellant flew back to the United States on February 27, 2004 for an in-office laser procedure to temporarily reattach the retina, followed by a hospital procedure on February 28, 2004.

In a February 28, 2004 operative report, Dr. Ronald Sachs, an attending Board-certified ophthalmologist, diagnosed a "highly bulbous inferior retinal detachment" in the left eye with macular detachment and superior peripheral lattice degeneration. Following April 22, 2004 fluorescent angiography, Dr. Sachs opined on April 26, 2004 that there was complete postoperative reattachment of the retina, with visual acuity "in the range of 20/70."

In a June 7, 2004 letter, the Office requested that Dr. Sachs provide a rationalized report explaining how work factors would cause or contribute to the claimed left eye injury. The Office also requested that appellant submit additional factual information, including receipts from the rental car company proving that he changed a tire and whether he had a history of any eye conditions. He was afforded 30 days in which to submit such evidence.

In response, appellant submitted a June 17, 2004 statement by Stephen Floroff, his supervisor, stating that appellant informed him of the retinal detachment on February 27, 2004. Appellant submitted travel orders confirming that he was authorized to be in Belgium attending an equipment demonstration from February 23 to 28, 2004.

By decision dated August 19, 2004, the Office denied appellant's claim on the grounds that fact of injury was not established. The Office found that the medical evidence did not provide a history of injury or an explanation of how flying to Belgium, driving or changing a tire would cause a retinal detachment.

In a February 7, 2005 letter, appellant requested reconsideration. He submitted additional medical evidence.[1]

In a February 27, 2004 report, Dr. Sachs diagnosed an inferior, "highly bulbous macula off retinal detachment" "with multiple breaks and lattice degeneration." In a November 11, 2004 letter, Dr. Sachs noted performing emergency laser surgery to reattach the left retina on February 27, 2004 with "extensive eye surgery" performed on February 28, 2004. He held appellant off work until March 21, 2004, with restrictions through September 14, 2004.

In a November 3, 2004 note, Dr. H. Lignian, a physician practicing at a Brussels hospital, stated that appellant was treated in the emergency room on February 27, 2004 by a Dr. Tahri for conjunctival irritation in the right eye, treated with a prescribed ointment.

In a July 14, 2004 report, Dr. Stanley Chang, an attending Board-certified ophthalmologist, noted a history of the February 2004 retinal detachment and surgery. On examination, he found reduced acuity and mobility in the left eye with hypotropia. Dr. Chang

[1] Appellant also submitted a March 22, 2004 statement reiterating his account of sudden visual field loss while changing the flat tire on February 25, 2004.

opined that the February 2004 surgery successfully reattached the retina although there was not yet significant improvement of vision. He recommended new corrective lenses.

By decision dated June 16, 2005, the Office denied modification on the grounds that the evidence submitted was insufficient to establish his claim. The Office found that the medical record did not explain how or why flying to Belgium, driving in Brussels or changing a tire would cause the claimed retinal detachment and tears.

In a September 8, 2005 letter, appellant requested reconsideration. He reiterated that the physical stress of changing of the tire, coupled with the stress of international travel and the transatlantic flight, caused his retinal detachment. Appellant submitted additional evidence.

In August 24, 2005 statements, Supervisors Ralph Favale and Stephen Floroff confirmed that appellant was on official duty in Belgium from February 24 to 26, 2004. Personnel documents show that appellant used sick and annual leave continuously from March 1 to April 30, 2004.

In a September 7, 2005 report, Dr. James Bilello, an osteopath and occupational health physician for the employing establishment, stated that "the longer the macula is detached, the more likely there will be loss of vision due to irreversible damage to the photoreceptor cells." Dr. Bilello stated that "the aforementioned [was] a generalization."

By decision dated December 8, 2005, the Office denied appellant's claim on the grounds that he failed to establish causal relationship. The Office accepted as factual that appellant was on official travel in Brussels when he sustained a left retinal detachment, that he was first treated in Brussels and that upon his return to New Jersey he was diagnosed left with retinal detachment. The Office found, however, that the medical evidence contained insufficient rationale explaining how and why the accepted work factors would cause the retinal detachment. The Office noted that Dr. Bilello's report was a general statement and did not relate the retinal detachment to employment factors. Also, there was no indication that he examined appellant.

LEGAL PRECEDENT

An employee seeking benefits under the Federal Employees' Compensation Act[2] has the burden of establishing 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 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.[3] 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.[4]

[2] 5 U.S.C. §§ 8101-8193.

[3] *Joe D. Cameron*, 41 ECAB 153 (1989).

[4] *See Irene St. John*, 50 ECAB 521 (1999); *Michael E. Smith*, 50 ECAB 313 (1999).

In order to determine whether an employee sustained a traumatic injury in the performance of duty, the Office begins with an analysis of whether "fact of injury" has been established. Generally, fact of injury consists of two components that must be considered in conjunction with one another. First, the employee must submit sufficient evidence to establish that he or she actually experienced the employment incident that is alleged to have occurred.[5] 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.[6]

ANALYSIS

The Office accepted that, while on official travel in Brussels from February 23 to 25, 2004, appellant sustained a retinal detachment. However, the Office also found that appellant failed to meet the second element of his burden of proof, as he submitted insufficient medical evidence to establish a causal relationship between the accepted work factors and the claimed retinal detachment.

In support of his claim, appellant submitted reports from Dr. Sachs and Dr. Chang, both Board-certified ophthalmologists. Dr. Sachs submitted reports from February 27 to November 11, 2004, diagnosing an inferior, "highly bulbous macula off retinal detachment" and describing its successful surgical repair but with loss of visual acuity. Dr. Chang submitted a July 14, 2004 report summarizing Dr. Sach's treatment of the detached retina and recommending new corrective lenses. However, neither physician provided a history of injury or mentioned the implicated work factors of changing the tire on February 25, 2004, a transatlantic flight or foreign travel. Dr. Sachs and Dr. Chang did not opine that the increased atmospheric pressure, reduced ambient oxygen or sitting for long periods in a confined space on the airplane caused or contributed to the retinal detachment. Similarly, neither physician explained how appellant's actions while changing the tire, such as lifting, bending, straining or assuming an unusual posture would cause or contribute to retinal detachment. Without such rationale, the opinions of Dr. Sachs and Dr. Chang are insufficient to establish causal relationship in this case.[7]

Appellant also submitted a report from Dr. Lignian, a physician practicing at a Brussels hospital, noting a February 27, 2004 diagnosis of conjunctivitis in appellant's right eye but did not address the presentation of appellant's left eye. Dr. Bilello, an osteopath at the employing establishment, stated generally that delay in macular reattachment leads to increased vision loss. However, neither physician specifically referred to appellant's left retinal detachment. Therefore, these opinions are insufficient to establish causal relationship in this case.[8]

Consequently, appellant failed to establish that he sustained a detached left retina in the performance of duty as he submitted no rationalized medical evidence explaining how and why the identified work factors would cause the claimed left eye injury.

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[5] *Gary J. Watling*, 52 ECAB 278 (2001).

[6] *Deborah L. Beatty*, 54 ECAB 340 (2003).

[7] *Id.*

[8] *Sandra D. Pruitt*, 57 ECAB ___ (Docket No. 05-739, issued October 12, 2005).

CONCLUSION

The Board finds that appellant has not established that he sustained a detached retina causally related to work factors.

ORDER

IT IS HEREBY ORDERED THAT the decisions of the Office of Workers' Compensation Programs dated December 8 and June 16, 2005 are affirmed.

Issued: June 19, 2006
Washington, DC

David S. Gerson, Judge
Employees' Compensation Appeals Board

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