

In a March 24, 2006 report, appellant was diagnosed with trochantric bursitis.¹ In an August 25, 2006 report, Dr. Roxanne Jonas, Board-certified in family medicine, diagnosed right lateral epicondylitis and right trochanteric bursitis. She noted appellant's history of injury that in January 2006 he had fallen on ice onto his right side and had been "doing fairly well." Appellant experienced an exacerbation of pain in his right elbow and right hip. On physical examination, Dr. Jonas stated that appellant could not extend his elbow all the way and then reported that: "but that is secondary to an old fracture and it was that way prior to the accident. [Appellant] has [not] had any problem with this elbow, though, prior to this fall. He also has point tenderness over the right greater trochanteric consistent with trochanteric bursitis." In a September 22, 2006 progress report, Dr. Jonas confirmed appellant's prior diagnosis and noted that it was a workers' compensation issue.

In an October 26, 2006 letter, Dr. Jonas noted that appellant was showing no improvement after therapy, conservative treatment and anti-inflammatory medication. She requested permission from the Office to refer appellant to an orthopedic specialist to assess his lateral epicondylitis.

On November 6, 2006 appellant filed a recurrence of disability claim alleging that he suffered a recurrence on the date of the injury as he has been in continuous pain since the accident.

In a November 22, 2006 letter, the Office informed appellant that his original claim had not yet been adjudicated and that additional medical information was needed.

In an October 26, 2006 progress report, Dr. Jonas found that appellant's right lateral epicondylitis and right trochanteric bursitis were not improving. She also noted that appellant was working without restrictions which probably aggravated his condition. Dr. Jonas completed a report on October 26, 2006 which contained the same diagnosis and recommended an orthopedic referral.

By decision dated January 5, 2007, the Office denied appellant's claim on the grounds that the medical evidence did not establish an injury on January 17, 2006. The Office accepted that the claimed event occurred, but found that the medical evidence did not provide a diagnosed medical condition causally connected to the event. The Office also stated that the claimed recurrence could not be accepted without the original claim being favorably adjudicated.

LEGAL PRECEDENT

An employee seeking benefits under the Federal Employees' Compensation Act² 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 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

¹ The doctor's signature is illegible.

² 5 U.S.C. §§ 8101-8193.

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 upon a traumatic injury or an occupational disease.⁴

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. The first component to be established is that the employee actually experienced the employment incident that is alleged to have occurred.⁵ The second component is whether the employment incident caused a personal injury.⁶ Causal relationship is a medical question that can generally be resolved only by rationalized medical opinion evidence.⁷

ANALYSIS

Appellant alleged that he sustained a hip and thigh condition when he slipped and fell on the ice while in the performance of duty on January 17, 2006. In a recurrence of disability claim dated November 6, 2006, he also alleged that he sustained a right elbow injury as a result of this incident. The Office accepted that the January 17, 2006 employment incident occurred as alleged. The issue is whether the accepted employment incident caused appellant’s right lateral epicondylitis or trochanteric bursitis. The Board finds that the medical evidence fails to establish the requisite causal relationship between the accepted incident and appellant’s diagnosed conditions.

The Board has previously held that a physician’s opinion on the issue of causal relationship must be based on a complete factual and medical background of the claimant. In order to be considered rationalized, the opinion must be expressed in terms of a reasonable degree of medical certainty and must be supported by medical rationale, explaining the nature of the relationship between the diagnosed condition and the claimant’s specific employment factors.⁸

The medical reports submitted from Dr. Jonas fail to provide a rationalized medical opinion describing the causal relationship between appellant’s diagnosed conditions and the

³ *Joe D. Cameron*, 41 ECAB 153 (1989); *Elaine Pendleton*, 40 ECAB 1143, 1145 (1989).

⁴ *Victor J. Woodhams*, 41 ECAB 345 (1989).

⁵ *Elaine Pendleton*, *supra* note 3.

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

⁷ *See Robert G. Morris*, 48 ECAB 238 (1996). A physician’s opinion on the issue of causal relationship must be based on a complete factual and medical background of the claimant. *Victor J. Woodhams*, *supra* note 4. Additionally, in order to be considered rationalized, the opinion must be expressed in terms of a reasonable degree of medical certainty and must be supported by medical rationale, explaining the nature of the relationship between the diagnosed condition and claimant’s specific employment factors. *Id.*

⁸ *Victor J. Woodhams*, *supra* note 4.

January 17, 2006 slip and fall. While all of the doctor reports diagnose right lateral epicondylitis and trochantric bursitis, none of the reports provide the necessary medical explanation of causal relation between the diagnoses and the accepted incident. In an August 25, 2006 report, Dr. Jonas noted only that appellant had a fall the prior January. She listed findings on physical examination but did not address how the diagnosed conditions were caused or contributed to by the January 17, 2006 incident. In a September 22, 2006 report, Dr. Jonas noted that it was a “workers’ compensation issue.” In an October 26, 2006 report, she noted that appellant was working without restrictions which probably aggravating his condition. Dr. Jonas failed to provide an opinion on the issue of causal relationship based on complete factual and medical background. She did not adequately address the causal relationship between the accepted incident and the diagnosed conditions. The Board notes that, while the injury occurred on January 17, 2006, appellant did not seek ongoing medical treatment until August 2006. Regarding appellant’s right elbow condition, Dr. Jonas noted that appellant had evidence of a prior fracture of the elbow, but she made no attempt to explain why his current bursitis would have been caused or contributed to by the January 2006 fall, rather than the prior fracture. As such, appellant has failed to submit sufficient medical evidence to support his claim.

The Board finds that appellant has failed to meet his burden to demonstrate that he sustained an employment-related injury on January 17, 2006 and, therefore, has not established a compensable recurrence of disability.⁹

CONCLUSION

The Board finds that appellant failed to establish that he sustained a traumatic injury in the performance of duty.

⁹ Appellant submitted additional medical evidence to the Board with his request for appeal. The Board is limited to review of the evidence that was in the record at the time of the Office’s final decision. 20 C.F.R. § 501.2(c).

ORDER

IT IS HEREBY ORDERED THAT the January 5, 2007 decision of the Office of Workers' Compensation Programs is affirmed.

Issued: August 10, 2007
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