



that appellant fractured tooth number eight which had to be replaced and that a temporary fixed bridge needed to be put in place in order to replace the tooth and stabilize teeth numbers seven and nine. Dr. Schwartz noted that appellant needed to have an apicoectomy performed on tooth number 7 and would then have permanent bridgework placed on teeth numbers 6 through 11. The Office accepted that appellant sustained a blunt trauma to the upper teeth and fracture of tooth number eight. Appellant claimed that he was entitled to schedule award compensation due to the accepted injury and, in a March 29, 1995 decision, the Office denied his claim.

On June 21, 2006 appellant filed a claim alleging that he sustained a recurrence of disability on April 5, 2006 due to his August 27, 1993 employment injury. He indicated that his bridgework had become loose, but he did not stop work at that time.

On April 21, 2006 the Office requested that appellant submit additional factual and medical evidence in support of his claim. Appellant submitted an August 30, 2006 report in which Dr. Homa Ameri, an attending dentist, stated that he presented on November 22, 2005 with a loose maxillary anterior bridge which needed to be replaced. Dr. Ameri indicated that he recemented the bridge on July 15, 2006 and noted that he advised appellant that root canal therapy was needed after he reported pain at tooth number six on July 17, 2006. He removed the bridge on July 18, 2006 to find that tooth number six was “hopeless” due to external coronal decay and then recemented the bridge.

In an October 26, 2006 decision, the Office denied appellant’s claim on the grounds that he did not submit sufficient medical evidence to establish that he sustained a recurrence of disability on or after April 5, 2006 due to his August 27, 1993 employment injury.

### **LEGAL PRECEDENT**

An individual who claims a recurrence of disability due to an accepted employment-related injury has the burden of establishing by the weight of the substantial, reliable and probative evidence that the disability for which compensation is claimed is causally related to the accepted injury.<sup>1</sup> This burden includes the necessity of furnishing medical evidence from a physician who, on the basis of a complete and accurate factual and medical history, concludes that the disabling condition is causally related to the employment injury and supports that conclusion with sound medical rationale.<sup>2</sup> Where no such rationale is present, medical evidence is of diminished probative value.<sup>3</sup>

### **ANALYSIS**

The Office accepted that appellant sustained a blunt trauma to the upper teeth and fracture of tooth number eight on August 27, 1993. In June 2006 appellant claimed that he sustained a recurrence of disability on April 5, 2006 due to his August 27, 1993 employment injury. The Board finds that that appellant did not submit sufficient medical evidence to

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<sup>1</sup> *Charles H. Tomaszewski*, 39 ECAB 461, 467 (1988); *Dominic M. DeScala*, 37 ECAB 369, 372 (1986).

<sup>2</sup> *Mary S. Brock*, 40 ECAB 461, 471-72 (1989); *Nicolea Brusco*, 33 ECAB 1138, 1140 (1982).

<sup>3</sup> *Michael Stockert*, 39 ECAB 1186, 1187-88 (1988).

establish that he sustained a recurrence of disability on or after April 5, 2006 due to his August 27, 1993 employment injury.

In an August 30, 2006 report, Dr. Homa Ameri, an attending dentist, stated that appellant presented on November 22, 2005 with a loose maxillary anterior bridge. He noted that in mid July 2006 he recemented the bridge and discovered that tooth number six was “hopeless” due to external coronal decay. This report, however, is of limited probative value on the relevant issue of the present case in that it does not contain an opinion on causal relationship.<sup>4</sup> Dr. Ameri did not mention the August 27, 1993 employment injury or provide any indication that appellant sustained a recurrence of disability due to this injury. He did not indicate that appellant’s tooth condition prevented him from performing the duties of his job or that his current condition was related to the accepted employment injury. Dr. Ameri did not explain why appellant’s bridge became loose or why he had decay at tooth number six. It should be noted that tooth number eight was the only tooth for which a specific condition was accepted.

An award of compensation may not be based on surmise, conjecture or speculation. Neither the fact that appellant’s claimed condition became apparent during a period of employment nor his belief that his condition was aggravated by his employment is sufficient to establish causal relationship.<sup>5</sup> Appellant failed to submit rationalized medical evidence establishing that his claimed recurrence of disability is causally related to the accepted employment injury and, therefore, the Office properly denied his claim for compensation.

### **CONCLUSION**

The Board finds that appellant did not meet his burden of proof to establish that he sustained a recurrence of disability on or after April 5, 2006 due to his August 27, 1993 employment injury.

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<sup>4</sup> See *Charles H. Tomaszewski*, 39 ECAB 461, 467-68 (1988) (finding that medical evidence which does not offer any opinion regarding the cause of an employee’s condition is of limited probative value on the issue of causal relationship).

<sup>5</sup> See *Walter D. Morehead*, 31 ECAB 188, 194-95 (1986).

**ORDER**

**IT IS HEREBY ORDERED THAT** the Office of Workers' Compensation Programs' October 26, 2006 decision is affirmed.

Issued: August 23, 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