



right hand. On March 8, 2006 the Office informed appellant that the evidence was currently insufficient to support her claim as a physician's report had not been submitted which discussed the cause of the alleged condition.

The Office received additional medical reports. In a March 1, 2006 radiology report, Dr. Dean Shanley, Board-certified in diagnostic radiology, found mild degenerative changes without evidence of a fracture. In a March 1, 2006 report, Dr. James O. Keller, Board-certified in occupational medicine, diagnosed "RMF [right middle finger] proximal phalanx ulnar side avulsion fracture." On March 13, 2006 Dr. Keller diagnosed RMF chip fracture and noted that the radiologist had not identified this fracture. On April 10, 2006 Dr. Edward S. Horton Jr., Board-certified in diagnostic radiology, found no definite fracture of the third proximal interphalangeal joint and noted probable minimal degenerative changes. The Office also received work restriction reports from Dr. Keller dated from March 1 to May 10, 2006.

On April 19, 2006 the Office denied appellant's claim on the grounds that the medical evidence failed to establish that appellant's condition was related to the established work-related event.

On May 10, 2006 appellant requested reconsideration. Three witness statements were submitted with her request. Additional medical evidence was also submitted. The Office received visit reports from Dr. Keller dated March 20 to May 10, 2006. On March 20, 2006 Dr. Keller found that the repeat x-ray revealed that the suspicious fracture fragment had migrated closer to the bone. He noted that although the radiologist thought there was no fracture he disagreed because he had found a clear avulsion in the area of tenderness. On March 27, 2006 Dr. Keller noted that the RMF fracture was improving. On April 3, 2006 he reported that appellant's fracture was doing well. On April 10, 2006 Dr. Keller diagnosed a RMF fracture. On April 18, 2006 he stated that the RMF fracture was healing. On May 10, 2006 Dr. Keller stated that appellant's fracture was nearly resolved.

On February 8, 2007 the Office issued a merit decision denying modification of its prior decision on the grounds that the medical evidence failed to demonstrate that the medical condition was causally related to the reported injury.

### **LEGAL PRECEDENT**

An employee seeking benefits under the Federal Employees' Compensation Act<sup>2</sup> 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 compensation is claimed are causally related to the employment injury.<sup>3</sup> These are the

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<sup>2</sup> 5 U.S.C. §§ 8101-8193

<sup>3</sup> *Elaine Pendleton*, 40 ECAB 1143 (1989).

essential elements of each and every compensation claim regardless of whether the claim is predicated upon a traumatic injury or an occupational disease.<sup>4</sup>

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.<sup>5</sup> The second component is whether the employment incident caused a personal injury.<sup>6</sup> Causal relationship is a medical question that can generally be resolved only by rationalized medical opinion evidence.<sup>7</sup>

### ANALYSIS

Appellant alleged that she sustained a chip fracture in her right hand when she was working at the keying station on February 28, 2006. The Office accepted that the February 28, 2006 employment incident occurred as alleged. The issue is whether the accepted employment incident caused appellant’s right middle finger chip fracture. The Board finds that the medical evidence fails to establish the requisite causal relationship between the accepted incident and appellant’s diagnosed condition.

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.<sup>8</sup>

The medical reports submitted from Dr. Keller do not provide a rationalized medical opinion describing the causal relationship between appellant’s diagnosed condition and the February 28, 2006 incident. While all of the doctor’s reports diagnose some level of middle finger fracture, none provide the necessary medical explanation of causal relation between the diagnosis and the accepted incident. None of the reports describe the employment incident which allegedly caused appellant’s condition or provide any opinion as to the cause of appellant’s condition. Medical evidence which does not offer any opinion regarding the cause of

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<sup>4</sup> *Victor J. Woodhams*, 41 ECAB 345 (1989).

<sup>5</sup> *Elaine Pendleton*, 40 ECAB 1143 (1989).

<sup>6</sup> *John J. Carlone*, 41 ECAB 354 (1989).

<sup>7</sup> *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 the claimant’s specific employment factors. *Id.*

<sup>8</sup> *Victor J. Woodhams*, *supra* note 4.

an employee's condition is of limited probative value on the issue of causal relationship.<sup>9</sup> The medical reports fail to provide the medical opinion on causal relation necessary to demonstrate that appellant's condition is related to the employment incident. As such, appellant has failed to submit sufficient medical evidence to support her claim.

The Board finds that appellant has failed to meet her burden to demonstrate that she sustained an employment-related injury on February 28, 2006.

**CONCLUSION**

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

**ORDER**

**IT IS HEREBY ORDERED THAT** the decision of the Office of Workers' Compensation Programs dated February 8, 2007 is affirmed.

Issued: September 10, 2007  
Washington, DC

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

David S. Gerson, Judge  
Employees' Compensation Appeals Board

James A. Haynes, Alternate Judge  
Employees' Compensation Appeals Board

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<sup>9</sup> *Michael E. Smith*, 50 ECAB 313 (1999).