



A hospital report from Dr. Brenda Wahlers dated October 3, 2006 indicated that appellant was admitted for a syncopal episode and resulting injuries, including a right maxillary sinus fracture. Dr. Wahlers noted that appellant had two prior syncopal episodes, the most recent in January 2006.

In a report dated October 6, 2006, Dr. Jeffrey DeLo, an oncologist, stated that appellant had three syncopal episodes in the past two years. He noted that appellant had a history of diabetes mellitus Type 1 and the syncopal episodes typically occurred roughly one hour after an injection of Humalog. Dr. DeLo opined that the etiology of the syncopal episodes was unclear, perhaps related to Humalog injections.

By report dated October 24, 2006, Dr. DeLo noted that the syncopal episodes seemed to be worsened by prolonged standing. He submitted a form report (Form CA-20) dated October 27, 2006 diagnosing syncope and checking a box "yes" that the condition was causally related to employment, stating: "aggravated by prolonged standing."

In a letter dated November 29, 2006, the Office requested that appellant submit additional evidence regarding his claim. In a report dated November 16, 2006, Dr. Robert Trautwein, a cardiologist, provided a history of the syncopal episodes. He reported that episodes appeared to be vasovagal syncope, most likely aggravated by chronic lack of normal fluid intake. Dr. DeLo submitted a December 7, 2006 report stating the syncopal episodes were of unclear etiology, but they seemed to be precipitated by prolonged standing, which appellant was often required to do at work.

By decision dated February 6, 2007, the Office denied the claim for compensation. The Office stated that there were different opinions on the cause of the syncopal episode and appellant had not submitted a statement regarding the prolonged standing and prior episodes.

Appellant requested reconsideration and submitted a February 18, 2007 report from Dr. Robert Wagner, an internist, who stated that appellant's syncopal episodes were the result of a condition called postural or orthostatic hypotension. Dr. Wagner stated that, when an individual changes from a lying or sitting position, the blood pools in the extremities, causing a drop in blood pressure that is relieved when blood vessels constrict during walking. With prolonged standing, the muscles and blood vessels relax and dilate, causing a blood pressure drop and syncope. Dr. Wagner concluded that appellant's syncopal episodes "were due to classic orthostatic hypotension resulting from prolonged standing and the resulting physical response."

The Office reviewed the case on its merits and in a March 6, 2007 decision denied the claim for compensation. The Office stated that the evidence was insufficient to establish prolonged standing at work.

Appellant again requested reconsideration. He submitted a statement signed by two coworkers that on October 3, 2006 they observed appellant standing for over an hour at the letter case sorting mail.

In a decision dated July 20, 2007, the Office reviewed the case on its merits. The Office denied the claim for compensation on the grounds that appellant sustained an idiopathic fall, which was not compensable. It found that, although appellant's condition may be aggravated

by standing for a prolonged period, there was no special condition or hazard from the employment.

### **LEGAL PRECEDENT**

It is a general rule of workers' compensation law that an injury occurring on the industrial premises during working hours is compensable unless it falls within an exception to the general rule.<sup>1</sup> One exception to the general rule applies to falls in the workplace. Where a personal, nonoccupational pathology causes an employee to collapse and to suffer injury upon striking the immediate supporting surface and there is no intervention or contribution by any hazard or special condition of the employment, the injury is not a personal injury while in the performance of duty as it does not arise out of a risk connected with the employment.<sup>2</sup> This is referred to as an "idiopathic" fall.<sup>3</sup> On the other hand, if the cause of the fall cannot be determined or the reason it occurred cannot be explained, then it is an unexplained fall that comes within the general rule that an injury occurring on the industrial premises during working hours is compensable.<sup>4</sup>

### **ANALYSIS**

The Office determined that in the present case the exception noted above was applicable. To properly apply the idiopathic fall exception, there must be two elements present: a fall resulting from a personal, nonoccupational pathology and no contribution from the employment. With respect to the first element, Dr. Wagner did opine that appellant's syncopal episode was the result of an orthostatic hypotension condition. It is not clear whether he felt the underlying condition was related to prolonged standing or whether he felt the specific syncopal episodes were related to standing.<sup>5</sup> Even if the medical evidence is interpreted to find a nonoccupational orthostatic hypotension condition, the idiopathic fall exception is applicable only if there is no contribution from employment to the syncopal episode. The Office found that the only type of contribution from employment that needs to be considered is whether there was a special hazard, such as a desk or some object that appellant struck before hitting the ground. That is not a complete analysis of the issue presented.

As the Board has noted: "When a factor of employment aggravates, accelerates, or otherwise combines with a preexisting, nonoccupational pathology, the employee is entitled to compensation."<sup>6</sup> An example often given is an employee striking a piece of furniture, but this is

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<sup>1</sup> *Martha G. List*, 26 ECAB 200 (1974).

<sup>2</sup> *John R. Black*, 49 ECAB 624, 626 (1998).

<sup>3</sup> *See Karen K. Levene*, 54 ECAB 671 (2003).

<sup>4</sup> *John R. Black*, *supra* note 2.

<sup>5</sup> If the condition itself is causally related to an employment factor, then clearly a fall would not be due to a nonoccupational pathology.

<sup>6</sup> *Margreat Lublin*, 44 ECAB 945, 957 (1993). *See also Edward V. Juare*, 41 ECAB 126 (1989) ("if some job circumstance or working condition intervenes in contributing to the incident then it is compensable").

not the only type of employment contribution contemplated. If any factor of employment, such as prolonged standing, contributes to the fall then any resulting injuries are compensable. Such a finding is consistent with the general principle of causal relationship: if a factor of employment contributes to an injury, then it is compensable.<sup>7</sup>

The Board finds the Office failed to properly make a determination on the issue of an idiopathic fall. Dr. Wagner indicated that the syncopal episodes were related to prolonged standing generally, but he did not demonstrate an understanding of the specific facts in this case. It appeared from the record that appellant stated that he was standing and casing mail for approximately one hour (his general starting time is reported as 7:00 a.m. on the claim form and the accident report indicated that he began to feel faint at approximately 7:55 a.m.). On remand, the Office should secure medical evidence that provides a rationalized opinion on the issues presented. The evidence should be of sufficient probative value for the Office to determine if the fall was due to a specific, nonoccupational condition and if so whether it was causally related to standing or other factor of appellant's employment. Based on the probative factual and medical evidence, the Office may then make a determination as to whether the idiopathic fall exception is applicable.<sup>8</sup> After such further development as the Office deems necessary, it should issue an appropriate decision.

### **CONCLUSION**

The evidence was not sufficient to establish that the exception to coverage known as an idiopathic fall was applicable and the case is remanded for further development.

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<sup>7</sup> In *Karen K. Levene, supra* note 3, the claimant alleged that stress at work contributed to a seizure episode and a fall at work. The Board found that appellant had not established a compensable work factor, but clearly if the evidence established a compensable work factor had contributed to the fall, resulting injuries would be compensable.

<sup>8</sup> It is noted that if the cause of a fall cannot be determined, then it would be a compensable unexplained fall.

**ORDER**

**IT IS HEREBY ORDERED THAT** the decisions of the Office of Workers' Compensation Programs dated July 20, March 6 and February 6, 2007 are set aside and the case remanded for further action consistent with this decision of the Board.

Issued: January 15, 2008  
Washington, DC

David S. Gerson, Judge  
Employees' Compensation Appeals Board

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

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