

Dr. James M. Hills, an attending Board-certified orthopedic surgeon, submitted treatment notes dated December 15, 2006 to June 6, 2007. He advised that appellant was seen for a three-month history of right shoulder pain which appellant attributed to heavy lifting and carrying related to his duties as a truck driver. On examination Dr. Hill found that range of motion of the cervical spine was normal in all directions; however, appellant exhibited discomfort on extreme range of motion and Spurlings maneuver. There was no soft tissue swelling or atrophy of the right shoulder. Dr. Hill diagnosed right shoulder and neck pain consistent with either a rotator cuff tendinopathy or radiculopathy. On May 8, 2007 he obtained a magnetic resonance imaging scan which revealed right rotator cuff tendinitis and a suprascapular ganglion, suggestive of a possible superior labral injury. Dr. Hill stated that appellant's right shoulder condition was "probably related to a rotator cuff tendon pathology" consisting of a combination of rotator cuff impingement syndrome "possibly" in conjunction with a superior labral tear.

On June 21, 2007 appellant further described the pain to his right shoulder and his duties loading mail trucks to which he attributed his condition. By letter dated July 11, 2007, the Office requested that he submit additional evidence in support of his claim.

On August 20, 2007 Dr. Hill reviewed his treatment of appellant commencing December 18, 2006. Appellant attributed his right shoulder condition to heavy lifting while unloading mail from trucks and in positioning his hands above shoulder level. His symptoms were localized to the anterior and superior aspects of the deltoid region. Dr. Hill reiterated that appellant first exhibited a combination of a possible rotator cuff tendinopathy and cervical radiculopathy; however, subsequent evaluation was more consistent with rotator cuff tendon pathology. Appellant was last seen on June 5, 2007, at which time Dr. Hill noted that he could continue with conservative management or consider surgery. He stated that appellant's right shoulder symptoms were "likely a result of his repetitive heavy lifting required in his heavy labor occupation." Dr. Hill noted that surgery would likely bring relief to appellant's symptoms and allow him to resume his normal work duties.

In a September 19, 2007 decision, the Office denied appellant's claim. It found that the medical evidence was not sufficient to establish that his right shoulder condition was caused or aggravated by his accepted work duties.

LEGAL PRECEDENT

An employee seeking benefits under the Federal Employees' Compensation Act¹ has the burden of establishing the essential elements of his or her claim. This includes 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, that an injury was sustained in the performance of duty, as alleged, and that any disability and condition for which compensation is claimed are

¹ 5 U.S.C. §§ 8101-8193.

causally related to the employment.² These are the essential elements of each compensation claim regardless of whether it is predicated upon a traumatic injury or an occupational disease.³

To establish that an injury was sustained in the performance of duty in an occupational disease claim, a claimant must submit: (1) medical evidence establishing the presence or existence of the disease or condition for which compensation is claimed; (2) a factual statement identifying those employment factors alleged to have caused or contributed to the presence or occurrence of the disease or condition; and (3) medical evidence establishing that the employment factors identified by the claimant were the proximate cause of the condition for which compensation is claimed. Stated differently, the medical evidence must establish that the diagnosed condition is causally related to the employment factors identified by the claimant. The medical evidence required to establish causal relationship is rationalized medical opinion. Rationalized medical opinion evidence includes a physician's rationalized opinion on the issue of whether there is a causal relationship between the claimant's diagnosed condition and the implicated employment factors. The opinion of the physician must be based on a complete factual and medical background, must be one of reasonable medical certainty, and must be supported by medical rationale explaining the nature of the relationship between the diagnosed condition and the identified employment factors.⁴

ANALYSIS

Appellant has attributed his right shoulder condition to his work as a mail handler loading mail trucks. He was treated by Dr. Hill in December 2006 and related a three-month history of increasing pain to the region of the right shoulder and cervical spine. Dr. Hill noted that he first attributed appellant's symptoms to either a rotator cuff injury or to radiculopathy involving the cervical spine. On subsequent evaluation, appellant's pain was localized to the deltoid region of the right shoulder. Dr. Hill noted that appellant underwent diagnostic testing of the cervical spine, which revealed moderate to severe spinal stenosis from C4 to C7. Based on this evaluation, he stated that he did not believe that appellant's cervical findings accounted for his discomfort. As to a specific diagnosis, Dr. Hill stated that the magnetic resonance imaging scan evaluation demonstrated "rotator cuff tendinitis and a suprascapular ganglion suggestive of a possible superior labral injury." The treatment notes provided by Dr. Hill did not address the issue of how appellant's right shoulder condition was caused or aggravated by the lifting performed in his duties as a mail handler. In an August 20, 2007 report, Dr. Hill reiterated that appellant's findings were more consistent with rotator cuff tendon pathology than a cervical radiculopathy. He noted that appellant received conservative management and that surgery was contemplated in the form of arthroscopic subacromial decompression in combination with a possible resection of the suprascapular ganglion and repair of the superior glenoid labral tear. In addressing causal relationship, Dr. Hill stated: "I believe that his right shoulder symptoms are likely a result of his repetitive heavy lifting required in his heavy labor occupation."

² *Joe D. Cameron*, 41 ECAB 153 (1989); *Elaine Pendleton*, 40 ECAB 1143, 1145 (1989).

³ *Victor J. Woodhams*, 41 ECAB 345 (1989).

⁴ *Id.*

The Board finds that the opinion of Dr. Hill is of diminished probative value on the issue of causal relation. It is well established that a physician's opinion that a claimant's illness is "likely" related to his federal employment, without further medical rationale, is speculative in nature and insufficient to establish causal relationship.⁵ To be probative, a physician's opinion on causal relationship must provide rationale for the opinion reached and be expressed in terms of a reasonable degree of medical certainty.⁶ Dr. Hill's narrative report to the Office did not adequately explain the nature of how appellant's work loading mail trucks caused or contributed to the development of his right shoulder condition. His conclusion on causal relation is supported by little more than one sentence in his narrative report. For this reason, the Board finds that appellant did not submit sufficient medical evidence in support of his claim for compensation.

CONCLUSION

The Board finds that appellant has not established that his right shoulder condition is causally related to his duties as a mail handler.

ORDER

IT IS HEREBY ORDERED THAT the September 19, 2007 decision of the Office of Workers' Compensation Programs be affirmed.

Issued: May 22, 2008
Washington, DC

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

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

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

⁵ See *Cecelia M. Corley*, 56 ECAB 662 (2005); *Michael R. Shaffer*, 55 ECAB 386 (2004); *Alberta S. Williamson*, 47 ECAB 569 (1996).

⁶ See *Steven S. Saleh*, 55 ECAB 169 (2003).