

an October 3, 2006 report from Dr. Robert W. Trout, a Board-certified physiatrist, who noted her complaints of neck pain extending into the right upper extremity. Dr. Trout provided findings on physical examination and performed a nerve conduction study (NCS) and electromyography (EMG) scan that were reported as normal. An October 30, 2006 magnetic resonance imaging (MRI) scan of the cervical spine demonstrated no focal abnormality. In reports dated November 7 and 14, 2006, Dr. Matthew Nadler, a Board-certified anesthesiologist, advised that appellant was seen for right shoulder and neck spasm. He diagnosed right shoulder pain. An MRI scan of the shoulder on November 8, 2006 revealed a synovial cyst and bursitis with no evidence of significant internal derangement. In a report dated November 14, 2006, Dr. Sidney A. Cantrell, an osteopath Board-certified in family practice, treated appellant for a cumulative trauma injury to her right shoulder with accompanying myofascitis of the trapezius and cervical musculature. He reviewed the MRI scan findings and advised that appellant had not responded to conservative treatment and was unable to work. In an attached disability slip, Dr. Cantrell advised that appellant was unable to work from September 26 to December 13, 2006.

By letters dated November 21, 2006, the Office advised appellant of the evidence needed to support her claim for total disability. It asked that the employing establishment respond to appellant's claim.¹ In a December 10, 2006 statement, appellant described her symptoms and advised that repetitive work activities caused pain, which she first noticed on August 27, 2006. In a December 12, 2006 report, Dr. Clinton F. Pickett, a Board-certified orthopedic surgeon, advised that her repetitive work activities of delivering mail caused right subacromial impingement bursitis with possible derangement. He recommended that appellant be trained for a job that would not overwork her right shoulder. In a December 15, 2006 disability slip, Dr. Cantrell advised that appellant could return to work on January 26, 2007. By letter dated December 15, 2006, Dr. Nadler noted that appellant had limited range of motion on physical examination and reported the right shoulder MRI scan findings. He advised that repetitive motion of the right upper extremity while delivering mail caused appellant's current complaints and symptoms, due to internal derangement of the shoulder labrum.

On January 24, 2007 the Office accepted that appellant sustained employment-related right subacromial bursitis and right internal derangement of the shoulder labrum. On January 25, 2007 Dr. Cantrell advised that appellant could return to work on January 29, 2007 with the restriction that she not use her right upper extremity. On February 1, 2007 he provided additional physical restrictions. On February 5, 2007 appellant filed a Form CA-7, claim for compensation, for the period August 27, 2006 to January 26, 2007.² She returned to limited duty that day on February 6, 2007. By letter dated February 15, 2007, the Office informed appellant that the medical evidence of record was insufficient to establish that she was totally disabled for

¹ The November 21, 2006 letter was initially sent to the wrong address, but was correctly resent on December 6, 2006.

² Appellant also submitted medical reports not relevant to the claimed period which did not discuss her ability to work. In a March 7, 2007 report, Dr. Erich J. Lingenfelter, a Board-certified orthopedic surgeon, noted her complaints and provided findings on physical examination. He diagnosed right shoulder pain of unclear etiology. A March 12, 2007 MRI scan of the right shoulder following arthrogram injection was interpreted as normal. A May 4, 2007 NCS and EMG scan of the right upper extremity were interpreted as normal.

the period claimed. Appellant was advised to submit a detailed medical report that explained why she could not work.

By decision dated March 29, 2007, the Office granted wage-loss compensation for a total of 32 hours for medical appointments on October 3 and 30, 2006, November 7, 8, 10, 13 and 14, 2006 and January 25, 2007. It found that appellant was not entitled to additional wage-loss compensation because the medical evidence did not provide a well-reasoned medical opinion explaining her disability.

On April 16, 2007 appellant requested reconsideration, contending that there were no limited duties available within her restrictions and that the employing establishment did not offer limited duty until her claim was approved. On April 27, 2007 the Office asked that the employing establishment respond. In a May 1, 2007 letter, Sherry Winkinhofer, an injury compensation specialist, advised that appellant had never requested limited duty and asserted that the medical evidence did not establish that she was incapable of not working in any capacity.

In a June 26, 2007 decision, the Office denied modification of the March 29, 2007 decision. It noted that appellant had not submitted any new medical evidence. There was insufficient medical evidence to establish that appellant was totally disabled for the period claimed and no indication that she had submitted any request to the employing establishment for restricted duty.

On June 29, 2007 Dr. Lingenfelter performed right shoulder arthroscopy with subacromial decompression and debridement of subdeltoid bursitis. Appellant received compensation for the period June 29 through July 11, 2007. On July 11, 2007 Dr. Lingenfelter returned appellant to work with restrictions to her physical activity including a 20-pound weight restriction. On September 17, 2007 appellant had a functional capacity evaluation (FCE) that indicated she could perform light work. Dr. Lingenfelter recommended work hardening that was to begin on October 8, 2007 for four hours daily. Appellant received compensation from October 9 through 18 and October 23 and 24, 2007. On October 31, 2007 Dr. Lingenfelter advised that appellant had reached maximum medical improvement and returned her to regular duty. Appellant returned to duty and on November 2, 2007 was appointed acting postmaster.

By decision dated February 25, 2008, the Office found that appellant was not entitled to wage-loss compensation for October 19, 2007. It found that appellant cancelled her work hardening appointment on that day and the medical evidence did not address her time lost from work on that date.

On March 17, 2008 appellant, through her representative, requested reconsideration of the March 29 and June 26, 2007 decisions, arguing that the employing establishment verified that there was no work available within her work limitations during the claimed period. She submitted a limited-duty assignment priority form signed by the postmaster, John Weir, on February 7, 2007. The employing establishment noted that work was available within appellant's work limitations but outside her craft and at a facility separate from that where she was regularly assigned. By letter dated April 9, 2008, the Office asked that the employing establishment respond. In an April 16, 2008 letter, Ms. Winkinhofer noted that the limited-duty worksheet was prepared after appellant's claim had been accepted and was used to aid in

identifying a limited-duty assignment for her. Appellant accepted a limited-duty assignment on February 7, 2007.³

By decision dated April 22, 2008, the Office denied modification of the June 26, 2007 decision, finding that the medical evidence of record did not support that appellant was totally disabled as claimed.

LEGAL PRECEDENT

Under the Federal Employees' Compensation Act,⁴ the term "disability" is defined as incapacity, because of employment injury, to earn the wages that the employee was receiving at the time of injury.⁵ Disability is thus not synonymous with physical impairment which may or may not result in an incapacity to earn the wages. An employee who has a physical impairment causally related to a federal employment injury but who nonetheless has the capacity to earn wages he or she was receiving at the time of injury has no disability as that term is used in the Act,⁶ and whether a particular injury causes an employee disability for employment is a medical issue which must be resolved by competent medical evidence.⁷ Whether a particular injury causes an employee to be disabled for work and the duration of that disability, are medical issues that must be proved by a preponderance of the reliable, probative and substantial medical evidence.⁸

Compensation for wage loss due to disability is available only for periods during which an employee's work-related medical condition prevents him or her from earning the wages earned before the work-related injury,⁹ and whether a particular injury caused an employee disability from employment is a medical issue, which must be resolved by competent medical evidence.¹⁰ The Board will not require the Office to pay compensation for disability in the absence of any medical evidence directly addressing the specific dates of disability for which compensation is claimed. To do so would essentially allow employees to self-certify their disability and entitlement to compensation.¹¹ Furthermore, it is well established that medical conclusions unsupported by rationale are of diminished probative value.¹²

³ The letter is dated May 1, 2007, although it is clearly in response to the April 2008 Office letter.

⁴ 5 U.S.C. §§ 8101-8193.

⁵ See *Prince E. Wallace*, 52 ECAB 357 (2001).

⁶ *Cheryl L. Decavitch*, 50 ECAB 397 (1999); *Maxine J. Sanders*, 46 ECAB 835 (1995).

⁷ *Donald E. Ewals*, 51 ECAB 428 (2000).

⁸ *Tammy L. Medley*, 55 ECAB 182 (2003); see *Donald E. Ewals*, *supra* note 7.

⁹ *W.P.*, 59 ECAB ____ (Docket No. 08-202, issued May 8, 2008).

¹⁰ *Carol A. Lyles*, 57 ECAB 265 (2005).

¹¹ *William A. Archer*, 55 ECAB 674 (2004); *Fereidoon Kharabi*, 52 ECAB 291 (2001).

¹² *Jacquelyn L. Oliver*, 48 ECAB 232 (1996).

Causal relationship is a medical issue, and the evidence required to establish a causal relationship is rationalized medical evidence.¹³ Rationalized medical evidence is evidence which 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 of the claimant, 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 specific employment factors identified by the claimant.¹⁴ Neither the mere fact that a disease or condition manifests itself during a period of employment nor the belief that the disease or condition was caused or aggravated by employment factors or incidents is sufficient to establish causal relationship.¹⁵

Section 8103(a) of the Act provides that an employee may be furnished necessary and reasonable transportation and expenses incident to the securing of medical services.¹⁶ The Board has interpreted this section to authorize payment for loss of wages incurred while obtaining medical services. Compensation for wage loss may be authorized while obtaining the medical services and for a reasonable time spent traveling to and from the provider's location.¹⁷

ANALYSIS

Regarding the period of claimed disability from August 27, 2006 to January 26, 2007, appellant received 32 hours of wage-loss compensation for medical appointments on October 3 and 30, November 7, 8, 10, 13 and 14, 2006 and January 25, 2007. The record does not support that she is entitled to additional disability compensation.

Medical evidence covering the claimed period of disability includes an October 3, 2006 report from Dr. Trout, November 7 and 14, 2006 reports from Dr. Nadler, and a November 14, 2006 report from Dr. Cantrell. None of these reports, however, contain any discussion regarding appellant's ability to work and are therefore of diminished probative value.¹⁸ Dr. Cantrell submitted a disability slip on November 14, 2006 advising that appellant could not work from September 26 to December 13, 2006. On January 25, 2007 he advised that appellant could return to work but could not use her right upper extremity. Dr. Cantrell did not provide a rationalized explanation as to why appellant was totally disabled for the period claimed. In a December 12, 2006 report, Dr. Pickett advised that appellant's repetitive work activities of delivering mail caused right subacromial impingement bursitis with possible derangement and advised that she be trained for a job that would not overwork her right shoulder. As with Dr. Cantrell's opinion, Dr. Pickett did not demonstrate any knowledge of the job requirements of

¹³ *Jacqueline M. Nixon-Steward*, 52 ECAB 140 (2000).

¹⁴ *Leslie C. Moore*, 52 ECAB 132 (2000); *Gary L. Fowler*, 45 ECAB 365 (1994).

¹⁵ *Dennis M. Mascarenas*, 49 ECAB 215 (1997).

¹⁶ 5 U.S.C. § 8103(a).

¹⁷ *Gayle L. Jackson*, 57 ECAB 546 (2006).

¹⁸ *Id.*

appellant's work duties or provide a rationalized explanation as to why she was totally disabled for this period. The Board has long held that medical conclusions unsupported by rationale are of diminished probative value and insufficient to establish causal relationship.¹⁹ In a December 15, 2006 letter, Dr. Nadler provided findings on physical examination and advised that the repetitive motions caused appellant's complaints of right shoulder pain. He too provided no opinion regarding appellant's ability to work. The Board therefore finds the medical evidence insufficient to establish that appellant was totally disabled for the period August 27, 2006 to January 26, 2007.

Regarding October 19, 2007, at that time appellant was working half days, attending work hardening for half days and receiving wage-loss compensation for four hours daily. The record supports that she did not attend work hardening on October 19, 2007, and there is no medical evidence of record to support that she was undergoing medical treatment that day or a medical opinion that directly addressed whether she was disabled on October 19, 2007.²⁰ Appellant therefore would not be entitled to wage-loss compensation for October 19, 2007.

Finally, appellant's argument that she was not furnished limited duty is moot, as the medical evidence in this case is insufficient to establish that she was totally disabled from her regular duties as a rural carrier for the periods claimed.²¹

CONCLUSION

The Board finds that appellant did not establish that she was totally disabled and thus entitled to wage-loss compensation for the entire period August 27, 2006 to January 26, 2007 and for October 19, 2007.

¹⁹ *Sandra D. Pruitt*, 57 ECAB 126 (2005).

²⁰ *William A. Archer*, *supra* note 11.

²¹ *Carol A. Lyles*, *supra* note 10.

ORDER

IT IS HEREBY ORDERED THAT that the April 22 and February 25, 2008 decisions of the Office of Workers' Compensation Programs be affirmed.

Issued: August 13, 2009
Washington, DC

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

Colleen Duffy Kiko, Judge
Employees' Compensation Appeals Board

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