

Appellant filed a compensation claim (Form CA-7) for lost wages for the period December 27, 2007 to January 9, 2008 as well as loss of night differential. Time analysis revealed that appellant claimed 44 hours of leave without pay.

Dr. Joseph A. Debonis, Board-certified in emergency medicine, submitted a form report dated December 13, 2007 wherein he indicated that appellant could perform modified work duty from December 13 to 27, 2007. He indicated that appellant would be reevaluated on December 27, 2007. In a medical note dated December 27, 2007, Dr. Debonis reported that appellant had been referred to him for “r/o ANV/ osteonecrosis, mass/tumor ligamentous tear and pain.” In a separate medical note, also dated December 27, 2007, he reported that appellant had been “ill” and unable to attend work from December 27, 2007 through January 9, 2008.

Appellant submitted a medical treatment report dated January 4, 2008 signed by Dr. Debonis, who diagnosed appellant with left hip pain. In a subsequent medical report, dated January 9, 2008, Dr. Debonis reported that a magnetic resonance imaging (MRI) scan revealed left hip avascular necrosis. He also diagnosed appellant with left hip pain.

In a report dated January 23, 2008, Dr. Douglas J. Abeles, a Board-certified orthopedic surgeon, reviewed appellant’s history of injury, as well as x-ray and MRI scan reports. He concluded that appellant had left hip greater trochanteric bursitis caused by his work activities. Dr. Abeles concluded that appellant could perform full work duties without restrictions. He thereafter continued to evaluate appellant on a monthly basis. Dr. Abeles continued to report that appellant’s left hip condition remained the same. As of February 25, 2008 he recommended that appellant continue with modified work duties.

By decision dated September 9, 2008, the Office denied appellant’s compensation claim for the period December 27, 2007 to January 9, 2008 as the evidence of record did not establish that he was unable to perform the restricted-duty work to which he was assigned because of a material worsening of his accepted condition.

LEGAL PRECEDENT

For each period of disability claimed, appellant has the burden of proving by the preponderance of the reliable, probative and substantial evidence that he is disabled for work as a result of his employment injury. Whether a particular injury causes an employee to be disabled for employment and the duration of that disability are medical issues which must be proved by a preponderance of the reliable, probative and substantial medical evidence.¹ Findings on examination are generally needed to support a physician’s opinion that an employee is disabled for work. When a physician’s statements regarding an employee’s ability to work consist only of repetition of the employee’s complaints that she hurt too much to work, without objective findings of disability being shown, the physician has not presented a medical opinion on the issue of disability or a basis for payment of compensation.² The Board will not require the Office to pay compensation for disability in the absence of medical evidence directly addressing

¹ *Fereidoon Kharabi*, 52 ECAB 291, 293 (2001); *Edward H. Horton*, 41 ECAB 301, 303 (1989).

² *G.T.*, 59 ECAB ____ (Docket No. 07-1345, issued April 11, 2008); see *Huie Lee Goal*, 1 ECAB 180, 182 (1948).

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.

ANALYSIS

The Office accepted appellant's December 12, 2007 claim for sprain of the left hip and thigh and aggravation of preexisting bursitis of the left hip in the performance of her federal employment. These are the only accepted conditions of record. Appellant claims these conditions caused disability from work for the period December 27, 2007 through January 9, 2008. The Board finds that this contention is not supported by the medical evidence of record.

The reports received from Dr. Debonis indicate that appellant was first evaluated on December 13, 2007, at which time he allowed appellant to return to modified work until December 27, 2007. When Dr. Debonis reexamined appellant on December 27, 2007 he reported that appellant would not be able to return to work until January 10, 2008 because appellant was "ill."

However, this December 27, 2007 report is of limited probative value because Dr. Debonis did not explain what he meant by his statement that appellant was "ill." It is unclear if he was referring to appellant's accepted orthopedic conditions or to some other medical condition. Dr. Debonis did not report findings upon examination or proffer an opinion as to the causal relationship between the accepted conditions and the period of disability claimed.

The Board notes that, although the Office accepted appellant's claim for sprain of the left hip and thigh and aggravation of preexisting bursitis of the left hip, Dr. Abeles never offered an opinion regarding appellant's disability for December 27, 2007 through January 9, 2008, the period in issue.

CONCLUSION

The Board finds that appellant has not established that he was disabled between December 27, 2007 and January 9, 2008 causally related to his accepted employment injury.

ORDER

IT IS HEREBY ORDERED THAT the September 9, 2008 decision of the Office of Workers' Compensation Programs is affirmed.

Issued: June 1, 2009
Washington, DC

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

David S. Gerson, Judge
Employees' Compensation Appeals Board

Colleen Duffy Kiko, Judge
Employees' Compensation Appeals Board