



sharp pains. Appellant stated that on June 2, 2008 he noticed a lump on his groin area with a sharp pain that would come and go. After returning to work following his vacation, the sharp pains continued to come and go while lifting boxes at work. The employing establishment controverted the claim.

On July 1, 2008 the Office advised appellant of the factual and medical evidence necessary to establish his claim and allowed him 30 days to submit such evidence. It requested a physician's opinion explaining how the alleged work incident caused or aggravated the claimed injury.

In a July 2, 2008 duty status report, Dr. Walter Douglas Harrison, a Board-certified general surgeon, noted that on April 28, 2008 appellant was lifting a heavy box and felt soreness in his groin area. He checked a box "yes" indicating that this history of injury corresponded to the injury as described by appellant. Dr. Harrison diagnosed left and right inguinal hernia. He also advised that appellant could return to work full time with lifting restrictions of 70 pounds at a time.

In a decision dated August 11, 2008, the Office denied appellant's claim for compensation finding that the medical evidence did not establish that the claimed groin condition resulted from the accepted lifting incident.

On September 4, 2008 appellant requested reconsideration. In a May 2, 2008 treatment note, Dr. Harrison noted appellant's complaint of left inguinal groin bulge for about six months, which was growing bigger. He noted slight discomfort when lifting heavy objects, which appellant performed daily at work. Dr. Harrison found an easily palpable and reducible left inguinal hernia. On July 2, 2008 he noted treating appellant on May 2, 2008 for bilateral inguinal hernia, left more symptomatic and larger than right. Dr. Harrison indicated that appellant's work required heavy lifting all the time. Appellant first noticed his hernia after he started working at the employing establishment. He complained of worsening left groin pain and sought surgery. Dr. Harrison found a moderate to large size left inguinal hernia, tender left side and a smaller hernia on the right side. In a July 16, 2008 operative report, he performed a bilateral laparoscopic inguinal hernia repair. Dr. Harrison diagnosed bilateral inguinal hernia, direct left inguinal and indirect right inguinal hernia. On July 24, 2008 he opined that appellant's hernia had "likely been caused and exacerbated by heavy lifting required by his job." Dr. Harrison further noted that appellant informed him that he never had trouble with this problem until the month after he started working at the employing establishment. In a report of the same date, he noted that appellant still had vague pain in the left groin, greater than the right. On examination, Dr. Harrison noted a small seroma palpable in the left groin with minimal tenderness. He indicated that the hernia repairs were healing nicely and that appellant could return to work on August 11, 2008.

In a decision dated November 24, 2008, the Office affirmed its August 11, 2008 decision, finding that there was insufficient medical evidence to establish that the bilateral inguinal hernia condition was causally related to the April 28, 2008 work incident as alleged.

## LEGAL PRECEDENT

An employee seeking benefits under the Federal Employees' Compensation Act<sup>1</sup> has the burden of establishing the essential elements of his claim, including the fact that the individual is an "employee of the United States" within the meaning of the Act; that the claim was filed within the applicable time limitation; that an injury was sustained while 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. These are the essential elements of each and every compensation claim regardless of whether the claim is predicated on a traumatic injury or an occupational disease.<sup>2</sup>

To determine whether a federal employee has sustained a traumatic injury in the performance of duty it must first be determined whether a "fact of injury" has been established. First, the employee must submit sufficient evidence to establish that he or she actually experienced the employment incident at the time, place and in the manner alleged. Second, the employee must submit sufficient evidence, generally only in the form of medical evidence, to establish that the employment incident caused a personal injury.<sup>3</sup>

Causal relationship is a medical issue and the medical evidence generally required to establish causal relationship is rationalized medical opinion evidence. Rationalized medical opinion evidence is medical evidence which includes a physician's rationalized opinion on whether there is a causal relationship between the employee's diagnosed condition and the compensable employment factors. The opinion of the physician must be based on a complete factual and medical background of the employee, 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 employee.<sup>4</sup>

## ANALYSIS

The record reflects that appellant lifted a box weighing over 75 pounds at work on April 28, 2008. However, the medical evidence is not sufficient to establish that lifting the heavy box caused or aggravated his claimed hernia condition.

On July 24, 2008 Dr. Harrison opined that appellant's hernia had "likely" been caused and exacerbated by heavy lifting required at his job. Although this report provides some support for causal relationship, his opinion is couched in speculative terms and therefore is of diminished

---

<sup>1</sup> 5 U.S.C. §§ 8101-8193.

<sup>2</sup> *S.P.*, 59 ECAB \_\_\_\_ (Docket No. 07-1584, issued November 15, 2007); *Joe D. Cameron*, 41 ECAB 153 (1989).

<sup>3</sup> *Id.*

<sup>4</sup> *I.J.*, 59 ECAB \_\_\_\_ (Docket No. 07-2362, issued March 11, 2008); *Victor J. Woodhams*, 41 ECAB 345, 352 (1989).

probative value.<sup>5</sup> In a report dated July 2, 2008, Dr. Harrison noted that appellant's work required heavy lifting all the time. He advised that appellant first noticed his hernia after he started working at the employing establishment. Dr. Harrison's examination revealed a moderate to large left inguinal hernia and a smaller right hernia. To this extent that this report supports causal relationship, it is of diminished probative value as he did not explain how lifting at work caused or aggravated his hernia condition. The Board has held that medical reports not containing rationale on causal relation are entitled to little probative value and are generally insufficient to meet an employee's burden of proof.<sup>6</sup> Appellant also submitted a July 2, 2008 duty status report from Dr. Harrison who diagnosed left and right inguinal hernia. He advised that appellant could return to work with lifting restrictions. Dr. Harrison indicated that the history of injury provided on the form corresponded to appellant's description of the April 28, 2008 work incident. However, he failed to specifically address the issue of causal relationship or determine whether lifting a heavy box at work resulted in the diagnosed hernia condition.<sup>7</sup> Other reports of Dr. Harrison did not specifically relate a diagnosed hernia condition to lifting a box at work on April 28, 2008.

Dr. Harrison did not adequately explain the reasons how lifting at work on April 28, 2008 caused or aggravated appellant's hernia condition. As noted, a physician's opinion must be based on a complete factual and medical background of the employee, 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 employee. Consequently, appellant has not submitted sufficient medical evidence to establish that he sustained a traumatic injury in the performance of duty.

### CONCLUSION

The Board finds that appellant did not meet his burden of proof in establishing that he sustained a traumatic injury on April 28, 2008 in the performance of duty.

---

<sup>5</sup> *Kathy Kelley*, 55 ECAB 206 (2004) (the Board has held that opinions such as, the implant "may have ruptured" and that the condition is "probably" related, "most likely" related or "could be" related are speculative and diminish the probative value of the medical opinion).

<sup>6</sup> *S.S.*, 59 ECAB \_\_\_\_ (Docket No. 07-579, issued January 14, 2008).

<sup>7</sup> *K.W.*, 59 ECAB \_\_\_\_ (Docket No. 07-1669, issued December 13, 2007) (medical evidence that does not offer any opinion regarding the cause of an employee's condition is of limited probative value on the issue of causal relationship).

**ORDER**

**IT IS HEREBY ORDERED THAT** the Office of Workers' Compensation Programs' decisions dated November 24 and August 11, 2008 are affirmed.

Issued: September 18, 2009  
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