



symptoms and the medical reasons for his condition and an opinion as to whether his claimed condition was causally related to his federal employment. The Office advised appellant, in the event that he sustained a hernia, to provide a statement as to when the original hernia was diagnosed and the date surgery was performed to correct it. It further asked him to submit a detailed statement describing when the injury occurred and indicating whether he experienced pain over a period of time or whether he first noticed that he had a hernia on October 31, 2008. The Office requested that appellant submit the additional evidence within 30 days.

In a November 7, 2008 Form CA-16 report, received by the Office on December 5, 2008, Dr. Supoj Tanchajja, a Board-certified general surgeon, indicated that appellant had abdominal pain and that a computerized axial tomography (CAT) scan showed an incarcerated incisional hernia. Dr. Tanchajja checked a box "yes" in response to a question asking him whether he believed that the injury was caused or aggravated by the employment activity described. Appellant also submitted an October 31, 2008 operative report from Dr. Tanchajja, who indicated that he had performed surgery to correct an incarcerated incisional hernia on October 31, 2008.

In response to the Office questionnaire, appellant asserted in a December 3, 2008 statement that he first experienced pain from the hernia on October 31, 2008, that he had never received prior treatment for a hernia and that he underwent emergency hernia surgery on October 31, 2008.

In a statement received by the Office on December 15, 2008, appellant indicated that he sustained a back strain while racking mail on his route. He stated that he experienced severe lower abdominal pain while picking up a bucket of flats. Appellant asserted that he told his supervisor that he needed to go to the hospital due to his severe pain, which he likened to passing a kidney stone. He went to the manager's office, clocked out and went to the emergency room to undergo surgery.

By decision dated December 23, 2008, the Office denied appellant's claim, finding that he failed to submit sufficient medical evidence in support of his claim that he sustained an injury in the performance of duty on October 31, 2008.

In a report dated March 9, 2009, Dr. Tanchajja stated that it was possible that appellant developed an incarcerated incisional hernia as a result of working as a postal worker, which required lifting and carrying objects.

In a letter received by the Office on June 10, 2009, appellant's representative requested reconsideration.

In a January 7, 2009 report, received by the Office on June 10, 2009, Dr. Steven M. Katz, a specialist in internal medicine, stated that appellant had never been treated for a hernia in the six years he had treated him as his primary care physician.

By decision dated September 3, 2009, the Office denied modification of its prior decision. It noted that Dr. Katz' indication in his January 7, 2009 report that he had never treated appellant for a hernia was contradictory to Dr. Tanchajja's statement that appellant underwent surgery five or six years prior to the injury. Accordingly, appellant's claim was denied.

## LEGAL PRECEDENT

An employee seeking benefits under the Federal Employees' Compensation Act<sup>1</sup> has the burden of establishing that the essential elements of his or her claim including the fact 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 of the Act, that an injury was sustained 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.<sup>2</sup> These are the essential elements of each and every compensation claim regardless of whether the claim is predicated upon a traumatic injury or an occupational disease.<sup>3</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.<sup>4</sup> 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>5</sup> The medical evidence required to establish causal relationship is usually rationalized medical evidence. Rationalized medical opinion evidence is medical 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.<sup>6</sup>

The Board has held that the mere fact that a condition manifests itself during a period of employment does not raise an inference that there is a causal relationship between the two.<sup>7</sup>

An award of compensation may not be based on surmise, conjecture or speculation. Neither the fact that appellant's condition became apparent during a period of employment nor the belief that his condition was caused, precipitated or aggravated by his employment is sufficient to establish causal relationship.<sup>8</sup> Causal relationship must be established by rationalized medical opinion evidence and appellant failed to submit such evidence.

---

<sup>1</sup> 5 U.S.C. §§ 8101-8193.

<sup>2</sup> *Joe D. Cameron*, 41 ECAB 153 (1989); *Elaine Pendleton*, 40 ECAB 1143 (1989).

<sup>3</sup> *Victor J. Woodhams*, 41 ECAB 345 (1989).

<sup>4</sup> *John J. Carlone*, 41 ECAB 354 (1989).

<sup>5</sup> *Id.* For a definition of the term "injury" see 20 C.F.R. § 10.5(a)(14).

<sup>6</sup> *Id.*

<sup>7</sup> *See Joe T. Williams*, 44 ECAB 518, 521 (1993).

<sup>8</sup> *Id.*

## ANALYSIS

The Office accepted that appellant experienced abdominal pain while in the performance of duty on October 31, 2008. It, however, also found that he had not established that he sustained a hernia as a result of his work activities on October 31, 2008. The question of whether an employment incident caused a personal injury can only be established by probative medical evidence.<sup>9</sup> Appellant has not submitted rationalized, probative medical evidence to establish that the October 31, 2008 employment incident would have been competent to cause the claimed hernia condition.

Appellant submitted evidence from Drs. Tanchajja and Katz. Dr. Tanchajja indicated in his November 7, 2008 form report that appellant had abdominal pain on examination on October 31, 2008 and diagnosed an incarcerated incisional hernia by CAT scan. He performed emergency surgery to ameliorate appellant's condition on October 31, 2008. In his March 9, 2009 report, Dr. Tanchajja stated that it was possible that appellant developed an incarcerated incisional hernia as a result of working as a postal worker, as this position required him to lift and carry objects. Dr. Katz stated that appellant had never been treated for a hernia in the six years he had treated appellant as his primary care physician, but did not present an opinion as to whether the hernia appellant sustained on October 31, 2008 was causally related to work factors.

The weight of medical opinion is determined by the opportunity for and thoroughness of examination, the accuracy and completeness of physician's knowledge of the facts of the case, the medical history provided, the care of analysis manifested and the medical rationale expressed in support of stated conclusions.<sup>10</sup> Although Dr. Tanchajja presented a diagnosis of appellant's condition, he did not adequately address how these conditions were causally related to the October 31, 2008 work incident. The medical reports of record did not explain how medically appellant sustained an abdominal hernia because he was packing or lifting objects on October 31, 2008. Dr. Tanchajja's opinion on causal relationship is of limited probative value in that he did not provide adequate medical rationale in support of his conclusions.<sup>11</sup> He did not describe appellant's accident in any detail or how the accident would have been competent to cause the claimed abdominal hernia. Moreover, Dr. Tanchajja's opinion is of limited probative value for the further reason that it is generalized in nature and equivocal in that he only noted summarily that appellant's condition was causally related to the October 31, 2008 work incident. Furthermore, the form report from him that supported causal relationship with a check mark is insufficient to establish the claim, as the Board has held that, without further explanation or rationale, a checked box is not sufficient to establish causation.<sup>12</sup> There is insufficient rationalized evidence in the record that appellant's abdominal hernia was work related. Therefore, appellant failed to provide a medical report from a physician that explains how the work incident of October 31, 2008 caused or contributed to the claimed abdominal hernia injury.

---

<sup>9</sup> *Supra* note 4.

<sup>10</sup> *See Anna C. Leanza*, 48 ECAB 115 (1996).

<sup>11</sup> *William C. Thomas*, 45 ECAB 591 (1994).

<sup>12</sup> *Debra S. King*, 44 ECAB 203 (1992); *Salvatore Dante Roscello*, 31 ECAB 247 (1979).

In his appeal to the Board, appellant's representative, Harley Diamond, asserted that the Office committed reversible error in its September 3, 2009 decision by relying on Dr. Tanchajja's inaccurate statement that appellant had hernia surgery five or six years previously. Mr. Diamond stated that the only surgery underwent during this period was laparoscopic bypass surgery, which was entirely unrelated to a hernia condition. The Board notes that Dr. Katz, appellant's treating physician for six years, indicated that he had no record of appellant having had a hernia during this period, which contradicted Dr. Tanchajja's statement. Any error on the part of the Office is harmless, however. While the Office accepted that appellant experienced a traumatic work incident on October 31, 2008, it properly found that appellant did not submit medical evidence sufficient to establish that he sustained an injury causally related to the October 31, 2008 work incident.

The Office advised appellant of the evidence required to establish his claim; however, he failed to submit such evidence. Appellant did not provide a medical opinion which describes or explains the medical process through which the October 31, 2008 work accident would have caused the claimed injury. Accordingly, he did not establish that he sustained an injury in the performance of duty. The Office properly denied appellant's claim for compensation.

### **CONCLUSION**

The Board finds that appellant has failed to establish that he sustained an abdominal hernia in the performance of duty.

**ORDER**

**IT IS HEREBY ORDERED THAT** the September 3, 2009 decision of the Office of Workers' Compensation Programs is affirmed.

Issued: July 20, 2010  
Washington, DC

Colleen Duffy Kiko, Judge  
Employees' Compensation Appeals Board

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

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