

repeatedly bending over to pick up expended brass during a firearms training session on December 14, 2005.

In a December 27, 2005 report, Dr. Ashok Kumar, a Board-certified internist, stated that x-ray examination of appellant's right hip did not reveal abnormalities. He concluded that appellant most likely had a soft tissue injury of the right hip. A January 24, 2006 report signed by Dr. Edward R. Habert, a Board-certified radiologist, concluded that a January 24, 2006 magnetic resonance imaging (MRI) scan revealed no evidence of right hip abnormality. The Office accepted appellant's claim for right hip strain.

After appellant requested expansion of his claim to include a lumbar spine condition, by decision dated August 30, 2006, the Office denied the request, finding that the medical evidence of record did not demonstrate that the claimed lumbar spine condition was causally related to the established work-related incident.

On September 26, 2006 appellant requested an oral hearing.

On February 2, 2007 Dr. Adam LaBore, a Board-certified physiatrist, reviewed appellant's course of treatment, presented findings on examination and diagnosed hip impingement.

By decision dated February 9, 2007, finding that the medical evidence established a *prima facie* case concerning the causal relationship between the claimed low back condition and the accepted employment incident, the Office reversed its August 30, 2006 decision and remanded the case for acceptance of aggravation of lumbar disc rupture as an accepted condition and payment of appropriate benefits.

On March 6, 2007 the Office expanded appellant's claim to include aggravation of lumbosacral degenerative disc disease.

On March 27, 2007 Dr. Charles Toman, an orthopedic surgeon, reported findings on examination, reviewed appellant's history of injury and diagnosed right hip impingement with labral tear.

On March 27 and June 12, 2007 Drs. Anand Suresh and Daniel Wessell, Board-certified diagnostic radiologists, reported that pelvic and hip radiographic studies revealed mild bilateral acetabular retroversion.

Appellant submitted a May 16, 2007 surgical report in which Dr. John C. Clohisy, a Board-certified orthopedic surgeon, diagnosed right hip labral tear with impingement.

In a July 24, 2007 note, appellant related that he underwent right hip arthroscopy on May 16, 2007 to treat a right hip labral tear with impingement. He explained that he had experienced severe to moderate pain in his right hip since the December 14, 2005 injury and that he had obtained a new team of physicians who had now correctly diagnosed and treated his condition. Appellant reported that he was unable to work during the three weeks following his surgery and requested compensation for the expenses associated with this medical treatment.

Finding that the medical evidence of record did not demonstrate that the additional diagnosed hip condition was caused by the established December 14, 2005 employment incident, by decision dated August 4, 2008, the Office denied the claim.

On August 29, 2008 appellant requested an oral hearing.

Following a March 24, 2009 hearing, by decision dated May 22, 2009, the Office denied the claim, finding that the medical evidence of record failed to establish that the right labral tear and subsequent surgery were causally related to the established December 14, 2005 employment injury.

In a May 26, 2009 note, Dr. LaBore reported that, although the January 24, 2006 magnetic resonance imaging (MRI) scans revealed no abnormality, this was a nonarthrogram study. He relates that nonarthrogram MRI scans are “often inadequate to identify a labral tear” and that when a labral tear is suspected an MRI scan arthrogram is ordered. On this, Dr. LaBore asserted that the January 24, 2006 right hip MRI scan does not rule out the existence of a labral tear.

On June 19, 2009 appellant requested reconsideration.

Finding that the evidence appellant submitted with his request did not establish the right labral tear and subsequent surgery were causally related to the established December 14, 2005 employment injury, by decision dated August 5, 2009, the Office denied modification of its prior decision.

LEGAL PRECEDENT

An employee seeking benefits under the Federal Employees’ Compensation Act¹ has the burden of proof to establish the essential elements of his claim by the weight of the evidence,² including that he sustained an injury in the performance of duty and that any specific condition or disability for work for which he claims compensation is causally related to that employment injury.³ As part of his burden, the employee must submit rationalized medical opinion evidence based on a complete factual and medical background showing causal relationship.⁴ The weight of medical evidence is determined by its reliability, its probative value, its convincing quality, the care of the analysis manifested and the medical rationale expressed in support of the physician’s opinion.⁵

¹ 5 U.S.C. §§ 8101-8193.

² *J.P.*, 59 ECAB ___ (Docket No. 07-1159, issued November 15, 2007); *Joseph M. Whelan*, 20 ECAB 55, 58 (1968).

³ *G.T.*, 59 ECAB ___ (Docket No. 07-1345, issued April 11, 2008); *Elaine Pendleton*, 40 ECAB 1143, 1145 (1989).

⁴ *Id.*; *Nancy G. O’Meara*, 12 ECAB 67, 71 (1960).

⁵ *Jennifer Atkerson*, 55 ECAB 317, 319 (2004); *Naomi A. Lilly*, 10 ECAB 560, 573 (1959).

Where an employee claims that a condition not accepted or approved by the Office was due to an employment injury, he bears the burden of proof to establish that the condition is causally related to the employment injury.⁶ To establish a causal relationship between the condition as well as any attendant disability claimed and the employment injury, an employee must submit rationalized medical evidence based on a complete medical and factual background supporting such a causal relationship.⁷ Causal relationship is a medical issue and the medical evidence required to establish a causal relationship is rationalized medical evidence.⁸ Rationalized medical evidence is evidence which includes a physician's rationalized medical opinion on the issue of whether there is a causal relationship between the diagnosed condition and the specific employment factors identified by the claimant.⁹ 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.¹⁰

ANALYSIS

The Office accepted appellant's hip strain. It subsequently expanded appellant's claim to include aggravation of lumbar disc rupture and lumbosacral degenerative disc disease. It denied appellant's request to expand his claim to include right hip labral tear. The issue is whether appellant established that this additional medical condition and treatment were causally related to his employment and, therefore, the Office improperly declined to expand his claim.

Although the record is replete with reports and notes diagnosing right hip labral tear, this evidence is of diminished probative value because these reports and notes lack an opinion, supported by medical rationale, explaining the causal relationship between the diagnosed right hip labral tear and his employment.¹¹ The mere fact that a condition manifests itself during a period of employment¹² does not raise an inference that there is a causal relationship between the two.¹³

Rather, causal relationship is a medical issue that can only be proven by probative rationalized medical opinion evidence. As noted above, 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

⁶ *Jaja K. Asaramo*, 55 ECAB 200 (2004).

⁷ *M.W.*, 57 ECAB 710 (2006); *John D. Jackson*, 55 ECAB 465 (2004).

⁸ *D.E.*, 58 ECAB 448 (2007); *Mary J. Summers*, 55 ECAB 730 (2004).

⁹ *Phillip L. Barnes* 55 ECAB 426 (2004); *Leslie C. Moore*, 52 ECAB 132 (2000).

¹⁰ *V.W.*, 58 ECAB 428 (2007); *Ernest St. Pierre*, 51 ECAB 623 (2000).

¹¹ See *Mary E. Marshall*, 56 ECAB 420 (2005) (medical reports that do not contain rationale on causal relationship have little probative value).

¹² *E.A.*, 58 ECAB 677 (2007); *Albert C. Haygard*, 11 ECAB 393, 395 (1960).

¹³ *D.E.*, 58 ECAB 448 (2007); *Fabian Nelson*, 12 ECAB 155, 157 (1960).

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.¹⁴

The medical evidence submitted immediately following the December 14, 2005 employment injury, x-ray and MRI scan did not find objective evidence of a right hip injury. Dr. Kumar therefore diagnosed a soft tissue right hip injury and the Office accepted right hip strain. Additional evidence including a May 16, 2007 operative note which established a right labral tear. However there is no medical evidence of record which explains the causal relationship between the tear and the accepted employment injury.

Dr. LaBore stated that nonarthrogram MRI scans are “often inadequate to identify a labral tear” and therefore, the January 24, 2006 right hip MRI scan does not preclude the possibility that appellant sustained a right labral tear. His opinion has little probative value on the issue of causal relationship because it simply offers no medical explanation of how the tear would have occurred as a result of the accepted injury.¹⁵ The weight of a 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.¹⁶ Dr. LaBore provides no definitive opinion, supported by a review of appellant’s medical history, findings on examination and adequate medical rationale, explaining how appellant’s right hip labral tear was causally related to his employment or the accepted employment injuries.¹⁷

The Board finds that, because the medical evidence of record does not contain the necessary medical reasoning to establish a causal relationship between appellant’s diagnosed right hip labral tear and his employment, the Office properly declined appellant’s request to expand his claim.

CONCLUSION

The Board finds that the Office properly denied appellant’s request to expand appellant’s claim to include right hip labral tear as an accepted condition.

¹⁴ *I.J.*, 59 ECAB ___ (Docket No. 07-2362, issued March 11, 2008); *Victor J. Woodhams*, 41 ECAB 345, 352 (1989).

¹⁵ *T.M.*, 60 ECAB ___ (Docket No. 08-975, issued February 6, 2009) (the Board has held that medical opinions which are speculative or equivocal in character have little probative value).

¹⁶ *See Anna C. Leanza*, 48 ECAB 115 (1996).

¹⁷ *Franklin D. Haislah*, 52 ECAB 457 (2001) (medical reports not containing rationale on causal relationship are entitled to little probative value); *Jimmie H. Duckett*, 52 ECAB 332 (2001).

ORDER

IT IS HEREBY ORDERED THAT the August 5 and May 22, 2009 decisions of the Office of Workers' Compensation Programs are affirmed.

Issued: June 8, 2010
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