



pulling open a prison door. She indicated that she was originally injured on April 10, 2008. The employing establishment indicated that appellant had worked in a limited-duty assignment from April 28, 2008 through January 7, 2009. Appellant stopped work on January 15, 2009. She submitted a temporary alternative-duty position description dated April 28, 2008, a February 4, 2009 interoffice electronic mail, and April 25, 2008 and January 14, 2009 disability notes from Dr. Andranik Khatchatrian, a Board-certified psychiatrist, which noted that appellant could return to work with restrictions.

In a February 17, 2009 letter, OWCP advised appellant that her case would be adjudicated as a new traumatic injury claim. In a February 24, 2009 letter, it requested that she provide additional factual and medical evidence supporting her claim, including medical evidence that diagnosed a condition in connection with the claimed injury.

In a March 3, 2009 statement, appellant described the circumstances surrounding her claimed injury. She stated that on January 15, 2009 she attempted to pull the two south sally port doors and, after several pulls, felt a twinge in her shoulder. Appellant indicated that she was unable to pull the door open. She stated that no one was present at the time of injury, but she was in communication with the East Control Center Officer Moffat, who told her to pull the doors open over the intercom. Appellant indicated that she had contacted a Lieutenant (Lt.) Ortiz by telephone within five minutes of the injury and an Officer Lawrence was aware that she had contacted Lt. Ortiz. No additional medical evidence was submitted.

By decision dated March 27, 2009, OWCP denied the claim on the basis that fact of injury had not been established. It accepted that the event occurred as alleged, but found the medical evidence was insufficient to establish that an injury was connected with the reported incident.

On April 18, 2009 appellant requested a review of the written record by OWCP's hearing representative. She submitted additional medical evidence that included an April 17, 2009 report from Dr. Khatchatrian who provided an impression of right shoulder sprain. Dr. Khatchatrian noted that appellant gave a written statement that on January 14, 2009 she was working as a correction officer pulling a heavy door and injured her right shoulder. He indicated that she was seen on January 14, 2009 and, according to the note in her file, complained about left shoulder pain and had an evaluation and treatment for the left shoulder.

In a June 3, 2009 report, Dr. Jeffrey Cohen, a Board-certified physiatrist, stated that both of appellant's shoulders were painful. He noted that she was being treated for shingles and was not fit for duty. In a June 10, 2009 report, Dr. Cohen noted his follow-up on appellant's left shoulder. He stated that a May 31, 2009 magnetic resonance imaging (MRI) scan was consistent with a tear of the supraspinatus and posterior lip of the glenoid labrum. Dr. Cohen further stated that an arthroscopic surgery was indicated and appellant could return to light-duty work.

By decision dated July 21, 2009, OWCP's hearing representative affirmed the March 27, 2009 decision. The hearing representative found appellant had not established which shoulder she was claiming she injured and the medical evidence was insufficient to establish that a medical condition was diagnosed in relation to the claimed incident.

On August 11, 2009 appellant requested another review of the written record. By decision dated November 13, 2009, OWCP denied the request for review on the grounds that a review of the written record had previously been conducted and her request could be equally addressed by requesting reconsideration and submitting new evidence.

On June 15, 2010 appellant requested reconsideration. Duplicative copies of material already of record were submitted along with new evidence. In an October 21, 2009 report, Dr. Cohen provided a follow up for appellant's left shoulder. He noted that she was not fit for duty and she was temporarily totally disabled due to rotator cuff tear of the left shoulder and cervical radiculopathy on the left.

In a June 8, 2010 report, Dr. Sireen Gopal, Board-certified in physiatry, noted that appellant injured herself at work on January 15, 2009. He noted complaints of pain in the right shoulder. An assessment of shoulder joint pain and rotator cuff syndrome was provided. In a June 16, 2010 state workers' compensation form, Dr. Gopal noted that he first treated appellant on June 8, 2010. He provided the following history of injury: "while attempting to pull the two south sally port doors open, she felt a twinge in her right shoulder."

By decision dated July 27, 2010, OWCP denied the claim on the grounds that the medical evidence did not discuss a relationship between the diagnosed condition and the January 15, 2009 work incident or provide any rationale to support such a relationship.

### **LEGAL PRECEDENT**

An employee seeking benefits under FECA<sup>2</sup> has the burden of establishing 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 FECA, that the claim was timely filed within the applicable time limitation period of FECA, that an injury<sup>3</sup> was sustained in the performance of duty, as alleged, and that any disability or medical condition for which compensation is claimed is causally related to the employment injury.<sup>4</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. A fact of injury determination is based on two elements. 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

---

<sup>2</sup> 5 U.S.C. §§ 8101-8193.

<sup>3</sup> OWCP's regulations define a traumatic injury as a condition of the body caused by a specific event or incident, or series of events or incidents, within a single workday or shift. Such condition must be caused by external force, including stress or strain, which is identifiable as to time and place of occurrence and member or function of the body affected. 20 C.F.R. § 10.5(ee).

<sup>4</sup> *E.K.*, Docket No. 09-1827 (issued April 21, 2010). See *Steven S. Saleh*, 55 ECAB 169 (2003); *Elaine Pendleton*, 40 ECAB 1143 (1989).

a personal injury.<sup>5</sup> An employee may establish that the employment incident occurred as alleged but fail to show that his or her condition relates to the employment incident.<sup>6</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>7</sup>

### ANALYSIS

OWCP accepted, and the record supports, that appellant pulled doors on January 15, 2009 as alleged. However, appellant has not met her burden of proof to establish her claim as she has submitted insufficient medical evidence to show that the January 15, 2009 incident caused or aggravated a diagnosed medical condition.

Appellant submitted several disability notes and an April 17, 2009 report from Dr. Khatchatrian. In the April 17, 2009 report, Dr. Khatchatrian provided an impression of right shoulder sprain, but he offered no opinion addressing how the January 15, 2009 accepted injury caused her diagnosed condition. The Board has held that 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.<sup>8</sup> Additionally while Dr. Khatchatrian reported the history of a January 14, 2009 injury as provided by appellant, the current claim concerns a January 15, 2009 work incident, not a January 14, 2009 incident. To the extent the history of injury reported is consistent with the current claim, Dr. Khatchatrian failed to provide an independent opinion regarding causation. A physician's report is of little probative value when it is based on a claimant's belief rather than the doctor's independent judgment.<sup>9</sup> Dr. Khatchatrian did not address the issue of whether appellant sustained an injury at work on January 15, 2009 due to pulling heavy doors. Thus, Dr. Khatchatrian's reports are insufficient to establish appellant's claim.

---

<sup>5</sup> In clear-cut traumatic injury claims where fact of injury is established and competent to cause the condition described, such as a fall from a scaffold resulting in a broken arm, a physician's affirmative statement is sufficient and no rationalized opinion on causal relationship is needed. Federal (FECA) Procedure Manual, Part 2 -- Claims, *Causal Relationship*, Chapter 2.805.3d(2) (June 1995). In all other traumatic injury claims, a rationalized medical opinion supporting causal relationship is required. *Id.* at Chapter 2.805.3d(3).

<sup>6</sup> *Id.* See *John J. Carlone*, 41 ECAB 354 (1989); *Shirley A. Temple*, 48 ECAB 404 (1997).

<sup>7</sup> See *Gary J. Watling*, 52 ECAB 278 (2001).

<sup>8</sup> See *K.W.*, 59 ECAB 271 (2007); *Michael E. Smith*, 50 ECAB 313 (1999).

<sup>9</sup> *Earl David Seale*, 49 ECAB 152 (1997).

Several reports were submitted from Dr. Cohen concerning appellant's left shoulder. Dr. Cohen indicated that appellant was temporary totally disabled due to rotator cuff tear of the left shoulder and cervical radiculopathy on the left. However, he never mentioned a history of injury or addressed how the January 15, 2009 accepted work incident caused her diagnosed conditions.<sup>10</sup> Thus, Dr. Cohen's reports are insufficient to establish appellant's claim.

In his June 8, 2010 report, Dr. Gopal noted that appellant injured herself at work on January 15, 2009 and accounted the history of injury in a June 16, 2010 state workers' compensation form. He provided an assessment of shoulder joint pain and rotator cuff syndrome. While Dr. Gopal noted in general the January 15, 2009 work incident, he never specifically stated that this work incident caused appellant's pain and rotator cuff syndrome and he failed to provide a well-rationalized opinion on causal relationship. Medical reports not containing adequate rationale on causal relationship are of diminished probative value and are insufficient to meet an employee's burden of proof.<sup>11</sup> Dr. Gopal did not provide an opinion in which he explained why pulling doors on January 15, 2009 would cause or aggravate a specific diagnosed shoulder condition. Thus, his report is insufficient to establish appellant's burden of proof.

The other evidence of record, including statements of appellant, is irrelevant as it fails to address the medical issue of causal relationship.

As appellant has not submitted any rationalized medical evidence to support her claim that she sustained an injury causally related to the January 15, 2009 employment incident, she has failed to meet her burden of proof to establish a claim. The Board has held that the mere fact that a condition manifests itself during a period of employment does not raise an inference of causal relation.<sup>12</sup> An award of compensation may not be based on surmise, conjecture, speculation or on the employee's own belief of causal relation.<sup>13</sup> Causal relationships must be established by rationalized medical opinion evidence. Appellant failed to submit such evidence and OWCP properly denied her claim for compensation.

On appeal, appellant's counsel argues the medical evidence of record is sufficient to establish that appellant suffered a right shoulder injury on January 15, 2009. For the reasons set forth herein, the medical reports are insufficient to establish appellant's claim. Appellant may submit new evidence or argument with a written request for reconsideration to OWCP within one year of this merit decision, pursuant to 5 U.S.C. § 8128(a) and 20 C.F.R. §§ 10.605 through 10.607.

---

<sup>10</sup> See *K.W.*, *supra* note 8.

<sup>11</sup> *Ceferino L. Gonzales*, 32 ECAB 1591 (1981).

<sup>12</sup> *Daniel O. Vasquez*, 57 ECAB 559 (2006).

<sup>13</sup> *D.D.*, 57 ECAB 734 (2006).

**CONCLUSION**

The Board finds that appellant did not meet her burden of proof to establish that she sustained an injury on January 15, 2009, as alleged.

**ORDER**

**IT IS HEREBY ORDERED THAT** the July 27, 2010 decision of the Office of Workers' Compensation Programs is affirmed.

Issued: August 16, 2011  
Washington, DC

Richard J. Daschbach, Chief Judge  
Employees' Compensation Appeals Board

Alec J. Koromilas, Judge  
Employees' Compensation Appeals Board

Colleen Duffy Kiko, Judge  
Employees' Compensation Appeals Board