

been treated for arthritis and bursitis for several years and underwent a cubital tunnel release on July 6, 2009. Appellant's supervisor noted that appellant was last exposed to employment factors on July 1, 2009, that he stopped work and had not returned.

The Office informed appellant on September 4, 2009 that additional evidence was needed to establish his claim. It gave him 30 days to submit a medical report detailing symptoms, history of injury, examination findings, diagnosis and course of treatment and offering a physician's reasoned opinion explaining the cause of his present condition.

A September 13, 2009 report from Dr. Shalva Kakabadze, a Board-certified family practitioner, pointed out that appellant was diagnosed with progressive Crohn's disease and multifocal degenerative joint disease and osteoarthritis. He remarked, "Although not considered to be directly work related, both disorders are frequently and significantly aggravated by physical stressors associated with [appellant's] employment."

In a September 24, 2009 statement, appellant specified that he performed the following tasks on a daily basis: casing letters, flats, magazines, catalogs and parcels weighing up to 70 pounds for one to two hours; bundling and loading mail into trays and hampers for 30 minutes; driving, delivering and picking up mail for three to five hours;² and unloading collected and undelivered mail. He asserted that these repetitive activities imposed stress on his arms since 2000, which later escalated to sharp hand and elbow pain. Regarding the cause of his Crohn's disease flare-ups, appellant mentioned that he felt pressured by the employing establishment to carry out his job duties within strict time restraints notwithstanding his right cubital tunnel release surgery.

In a November 10, 2009 decision, the Office denied the claim, finding the medical evidence insufficient to establish that work factors caused or aggravated a diagnosed condition.

Appellant provided additional medical records. A January 3, 2002 radiological report from Dr. Bruce J. Thaler, a Board-certified diagnostic radiologist, found no evidence of right elbow fracture, dislocation, arthritis or joint effusion. The medical evidence included records from 2007 pertaining to his abdominal symptoms and Crohn's disease. An October 20, 2009 note from Dr. Albert Timperman, a Board-certified neurosurgeon, excused appellant from work.

In a January 14, 2010 state workers' compensation medical form signed by Dr. Kakabadze, appellant presented joint pain, particularly in the shoulders and flare-ups of Crohn's disease. On examination, Dr. Kakabadze observed reduced range of motion (ROM) in the shoulders and cervical spine. He diagnosed progressive, degenerative joint and muscle tendon changes, stress and aggravated Crohn's disease sustained "in the line of duty." Dr. Kakabadze listed December 15, 2008 as the date of injury and advised that appellant would be disabled beginning January 21 to May 5, 2009.³ Work status reports dated February 5 and 24,

² Appellant stated that he carried a mailbag weighing up to 25 pounds using his right shoulder on "park and loop" routes for at least one hour each workday.

³ Dr. Kakabadze later indicated in a February 15, 2010 note that appellant was on unpaid leave for the period February 15 to March 31, 2010.

2010 from Drs. Kakabadze and Raymond K. Wurapa, a Board-certified orthopedic surgeon, released appellant to limited duty on February 5 and 26, 2010, respectively.

Appellant requested a telephonic hearing, which was held on March 19, 2010. At the hearing, he testified that his physical symptoms worsened on December 15, 2008, when he had severe hand pain and a pinched elbow nerve. Appellant underwent cubital tunnel release and obtained some relief, but thereafter continued to experience pain and numbness and was unable to bear weight on his shoulders. He clarified that Dr. Kakabadze's September 13, 2009 opinion that his condition was aggravated by employment-related "physical stressors" pertained to both the physical stress caused performing repetitive job activities and the mental stress caused by workplace mistreatment.⁴ Appellant remained on limited duty. After the hearing, no further evidence was received by the Office.

On June 8, 2010 the Office hearing representative affirmed the November 10, 2009 decision.

LEGAL PRECEDENT

An employee seeking benefits under the Act⁵ 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 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 disabilities and/or specific conditions for which compensation is claimed are causally related to the employment injury.⁶ 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.⁷

Whether an employee actually sustained an injury in the performance of duty begins with an analysis of whether fact of injury has been established.⁸ To establish fact of injury in an occupational disease claim, an employee must submit: (1) a factual statement identifying employment factors alleged to have caused or contributed to the presence or occurrence of the disease or condition; (2) medical evidence establishing the presence or existence of the disease or condition for which compensation is claimed; and (3) medical evidence establishing that the diagnosed condition is causally related to the employment factors identified by the employee.⁹

⁴ The Office hearing representative noted that appellant did not initially allege in his claim that emotional stress aggravated his Crohn's disease. He advised appellant that, if he wished to claim that job stress aggravated his Crohn's disease, he should file a separate occupational disease claim. Appellant indicated that he currently wished to pursue only his claim for physical injury.

⁵ 5 U.S.C. §§ 8101-8193.

⁶ *Elaine Pendleton*, 40 ECAB 1143 (1989).

⁷ *Victor J. Woodhams*, 41 ECAB 345 (1989).

⁸ *See S.P.*, 59 ECAB 184, 188 (2007).

⁹ *See Roy L. Humphrey*, 57 ECAB 238, 241 (2005); *R.R.*, Docket No. 08-2010 (issued April 3, 2009).

Causal relationship is a medical issue and the evidence generally required to establish causal relationship is rationalized medical opinion evidence. Rationalized medical opinion evidence is evidence which includes a physician's 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, 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.¹⁰

ANALYSIS

The evidence supports that appellant performed repetitive work on a daily basis at the employing establishment, including casing, bundling, loading, delivering and collecting mail. Medical reports indicate that he was diagnosed as having degenerative joint and muscle tendon changes. However, appellant did not furnish sufficient evidence demonstrating that his condition was caused or aggravated by the described employment factors.

In a January 14, 2010 state workers' compensation medical form, Dr. Kakabadze examined appellant's shoulders and observed restricted ROM. He diagnosed degenerative joint and muscle tendon changes and aggravated Crohn's disease sustained "in the line of duty" on December 15, 2008.¹¹ Dr. Kakabadze's earlier September 13, 2009 report assessed degenerative joint disease, osteoarthritis and progressive Crohn's disease, specifying that they were "frequently and significantly aggravated by physical stressors" connected with appellant's work. These reports are of limited probative value as they provide no medical reasoning explaining how appellant's federal employment caused or contributed to the claimed right arm and shoulder conditions.¹² Dr. Kakabadze did not discuss the specific work factors described by appellant to have caused or contributed to his condition¹³ or how particular work factors would cause or aggravate a diagnosed right arm or shoulder condition. His diagnosis of degenerative joint and muscle tendon changes implicated both of appellant's shoulders whereas appellant claimed that he injured his right arm and shoulder.¹⁴

The remaining physicians' records either address conditions other than the claimed right arm and shoulder conditions or they provide no opinion on how particular work factors caused or

¹⁰ *I.J.*, 59 ECAB 408 (2008); *Woodhams*, *supra* note 7.

¹¹ As appellant indicated at his March 19, 2010 hearing that he did not wish to pursue a claim for Crohn's disease due to emotional stress, this decision only addresses whether appellant's claimed right arm and shoulder conditions were caused or aggravated by his work duties. *See supra* note 4.

¹² *See George Randolph Taylor*, 6 ECAB 986, 988 (1954) (medical opinion not fortified by medical rationale is of little probative value).

¹³ *See John W. Montoya*, 54 ECAB 306, 309 (2003).

¹⁴ *See M.W.*, 57 ECAB 710 (2006); *James A. Wyrick*, 31 ECAB 1805 (1980) (medical opinions based on an incomplete or inaccurate history are of diminished probative value).

aggravated diagnosed condition.¹⁵ Appellant also submitted hospital treatment records from nurses. However, these lack probative medical value as nurses are not physicians as defined by the Act.¹⁶

Appellant contends on appeal that the Office hearing representative's decision was contrary to fact and law. As noted the medical evidence did not sufficiently explain how repetitive work activities caused or aggravated a right arm and shoulder condition.

CONCLUSION

The Board finds that appellant did not establish that he sustained an occupational disease in the performance of duty.

ORDER

IT IS HEREBY ORDERED THAT the June 8, 2010 decision of the Office of Workers' Compensation Programs is affirmed.

Issued: May 4, 2011
Washington, DC

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

Alec J. Koromilas, Judge
Employees' Compensation Appeals Board

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

¹⁵ See *J.F.*, Docket No. 09-1061 (issued November 17, 2009) (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).

¹⁶ 5 U.S.C. § 8101(2); *Humphrey*, *supra* note 9. See also *Charley V.B. Harley*, 2 ECAB 208, 211 (1949) (medical opinion, in general, can only be given by a qualified physician).