

replacement. She also alleged injuries to her hands, arms, right shoulder, neck, lower back and right leg as a result of this incident. Appellant did not stop work. On August 9, 2010 OWCP found that the evidence was sufficient to support that the work incident caused a right hip sprain. Appellant's claim was approved for benefits in connection with that medical condition.

Appellant continued to claim that she sustained injuries to her hands, arms, right shoulder, neck, lower back and right leg as a result of the May 13, 2010 incident. She submitted reports dated May 25, June 9, August 13 and September 2, 2010 from Dr. Eric Williams, an attending Board-certified family practitioner, who noted that appellant reported ongoing pain in her right hand, wrist and shoulder since her accident on May 13, 2010. Appellant experienced upper extremity numbness, paresthesias and weakness since the fall which required treatment.

On August 13, 2010 Dr. Williams stated that appellant was evaluated on May 26, 2010 for a fall at work. Appellant fell out of her chair and had a direct hit to her sacrum and lumbar spine as well as both wrists. On her first visit for her pain, she complained of injuries to her hips, back, shoulders and wrists. Appellant also complained of numbness and tingling which radiated down her lower extremities. Dr. Williams indicated that she was diagnosed with multiple contusions, hematoma, bilateral shoulder pain and sciatica. He stated:

“[Appellant's] fall which placed direct pressure on her sacrum and lumbar spine may have caused her ongoing low back pain and sciatica. The hematoma and contused hip were direct result of her injury sustained on that day. Injuries to [appellant's] wrist also resulted from her fall.”

Appellant also submitted May 19 and June 9, 2010 reports from Dr. Hugh C. McLeod, an attending Board-certified orthopedic surgeon, who noted that she reported falling on her buttocks and cushioning her fall with her hands on May 13, 2010. She reported experiencing palmar pain since that time. In a July 15, 2010 report, Dr. Thomas Bradbury, an attending Board-certified orthopedic surgeon, discussed appellant's right hip condition.

In a September 24, 2010 decision, OWCP denied appellant's claim on the grounds that she did not submit sufficient medical evidence to establish a medical condition due to her May 13, 2010 injury other than her accepted right hip sprain. Although appellant alleged pain in her hands, arms, right shoulder and neck, no physician offered a clear diagnosis of any additional medical conditions made in connection with the work incident of May 13, 2010.

Appellant requested a review of the written record by an OWCP hearing representative. She provided written statements, dated September 2 and October 4, 2010, containing arguments in support of her claim.

In a September 8, 2010 report, Dr. Houston Payne, an attending Board-certified orthopedic surgeon, stated that appellant was seen for evaluation of symptoms in the right upper extremity. He noted that she reported that she fell at work on May 13, 2010 and caught herself with her outstretched hand. Dr. Payne stated, “It sounds like [appellant] had a palmar contusion that was significant.” Since that time, appellant had intermittent pain and swelling and periodic numbness, more so at night. Dr. Payne reviewed electrodiagnostic studies, the medical history and medical information provided by appellant. He performed a physical examination of

appellant and noted that a radiograph showed underlying thumb carpometacarpal joint osteoarthritis. Dr. Payne's impression was "symptoms of carpal tunnel syndrome and possible direct ulnar nerve contusion at the wrist level also." Appellant was injected with dexamethasone and lidocaine in her right arm.

In a September 22, 2010 report, Dr. Payne advised that the injection he carried out had relieved appellant's right arm symptoms temporarily, but that these symptoms had recurred. He recommended right arm surgery considering her persistent symptoms and abnormal electrodiagnostic studies. Dr. Payne recommended a right carpal tunnel decompression, right ulnar tunnel decompression and right ulnar nerve decompression at the elbow.

In a February 10, 2011 decision, an OWCP hearing representative affirmed the September 24, 2010 decision.

In a February 3, 2011 report, Dr. Harold Alexander, a Board-certified orthopedic surgeon serving as an OWCP referral physician, noted that appellant continued to have residuals of her May 13, 2010 injury "in that she continues to have significant symptoms of her right upper extremity, which according to the hand surgeon would best be treated by surgical decompression as mentioned." In a February 24, 2011 report, Dr. Timothy Micek, an attending Board-certified orthopedic surgeon, recommended that she undergo a right ulnar nerve release at the elbow and a right carpal tunnel release at the wrist.

In an April 5, 2011 decision, OWCP affirmed the February 10, 2011 decision. It again found that the additional reports submitted by appellant did not show that she sustained a medical condition due to her May 13, 2010 work injury other than her accepted right hip sprain.

Appellant submitted a surgical report dated March 18, 2011, for a right carpal tunnel release performed that day. The report did not provide any discussion of a cause and effect relationship between the May 13, 2010 injury and the diagnosed right carpal and cubital tunnel syndrome. A postoperative note dated March 30, 2011 was a narrative of the postsurgical evaluation and also did not provide any discussion of a cause and effect relationship between the May 13, 2010 injury and the diagnosed right carpal and cubital tunnel syndrome. In a supplemental report dated March 30, 2011, Dr. Alexander indicated that, after recovery from her arm surgery, appellant could return to light-duty work.

In a June 3, 2011 decision, OWCP affirmed its April 5, 2011 decision finding that the medical evidence was insufficient to establish appellant's claim for additional work-related conditions.

LEGAL PRECEDENT

An employee seeking benefits under FECA has the burden of establishing the essential elements of her claim including the fact that the individual was 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 was sustained in the performance of duty as alleged and that any disability and/or specific condition for which compensation was claimed are

causally related to the employment injury.² The medical evidence required to establish a causal relationship between a claimed period of disability and an employment injury was rationalized medical opinion evidence. Rationalized medical opinion evidence was medical evidence which includes a physician's rationalized opinion on the issue of whether there was a causal relationship between appellant's diagnosed condition and the compensable employment factors. The opinion of the physician must be based on a complete factual and medical background of appellant, 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 appellant.³ Whether a particular employment injury causes disability for employment and the duration of that disability are medical issues, which must be proved by a preponderance of reliable, probative and substantial medical evidence.⁴

ANALYSIS

OWCP found that appellant sustained a right hip sprain due to a fall out of a chair on May 13, 2010.⁵ Appellant claimed that, due to the May 13, 2010 work incident, she also sustained injuries to her hands, arms, right shoulder, neck, lower back and right leg. OWCP denied her claim on the grounds that she did not submit sufficient medical evidence to establish any additional work-related condition.

The Board finds that appellant did not submit sufficient medical evidence to establish that she sustained a medical condition due to her May 13, 2010 work injury other than her accepted right hip sprain.

In an August 13, 2010 report, Dr. Williams, an attending Board-certified family practitioner, stated that appellant was evaluated on May 26, 2010 for a fall at work. He noted that, on her first visit for her pain, she complained of injuries to her hips, back, shoulders and wrists and reported numbness and tingling, which radiated down her lower extremities. Dr. Williams indicated that appellant was diagnosed with multiple contusions, hematoma, bilateral shoulder pain and sciatica. He stated that her fall placed direct pressure on her sacrum and lumbar spine and "may have" caused her ongoing low back pain and sciatica. Dr. Williams stated, "The hematoma and contused hip were direct result of [appellant's] injury sustained on that day. Injuries to her wrist also resulted from her fall."

The submission of this evidence would not establish appellant's claim for additional work-related conditions because Dr. Williams did not provide a clear, rationalized opinion that she sustained such additional conditions. With respect to her back condition, Dr. Williams used the conditional term "may have" to describe a possible work-related cause. However, the Board has held that a speculative opinion on causal relationship is of limited probative value.⁶

² *J.F.*, Docket No. 09-1061 (issued November 17, 2009).

³ *See E.J.*, Docket No. 09-1481 (issued February 19, 2010).

⁴ *W.D.*, Docket No. 09-658 (issued October 22, 2009).

⁵ It appears that appellant primarily fell on her buttocks but attempted to break her fall with her outstretched arms.

⁶ *See Jennifer Beville*, 33 ECAB 1970, 1973 (1982); *Leonard J. O'Keefe*, 14 ECAB 42, 48 (1962).

Dr. Williams suggested that appellant sustained some injury to her hands due to the May 13, 2010 fall, but he did not provide an opinion that she sustained a specific, diagnosed condition of her hands on May 13, 2010.

In a September 8, 2010 report, Dr. Payne, an attending Board-certified orthopedic surgeon, indicated that appellant was seen for evaluation of symptoms in the right upper extremity. He noted that she reported that she fell at work on May 13, 2010 and caught herself with her outstretched hand. Dr. Payne stated, "It sounds like [appellant] had a palmar contusion that was significant." His impression was "symptoms of carpal tunnel syndrome and possible direct ulnar nerve contusion at the wrist level also." Dr. Payne's report is of limited probative value on the relevant issue of the present case in that he did not provide a clear opinion that appellant sustained a hand condition on May 13, 2010. His comments regarding a "palmar contusion" appear to relate to her own description of the effects of the May 13, 2010 work incident and do not constitute a clear opinion on causal relationship. Dr. Payne diagnosed carpal tunnel syndrome and possible direct ulnar nerve contusion, but did not provide any indication that these conditions were related to the May 13, 2010 fall at work.

In a February 3, 2011 report, Dr. Alexander, a Board-certified orthopedic surgeon serving as an OWCP referral physician, indicated that appellant continued to suffer residuals of her May 13, 2010 injury "in that she continues to have significant symptoms of her right upper extremity, which according to the hand surgeon would best be treated by surgical decompression as mentioned." However, this statement does not appear to constitute his own opinion that she sustained injury to her right arm on May 13, 2010. Rather, it appears to represent Dr. Alexander's impression of another physician's opinion, presumably that of Dr. Payne.

Appellant did not submit rationalized medical evidence showing that she sustained a medical condition on May 13, 2010 other than the accepted right hip sprain and OWCP properly denied her claim for additional conditions.

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.

CONCLUSION

The Board finds that appellant did not meet her burden of proof to establish that she sustained a medical condition due to her May 13, 2010 work injury other than her accepted right hip sprain.

ORDER

IT IS HEREBY ORDERED THAT the June 3, 2011 decision of the Office of Workers' Compensation Programs is affirmed.

Issued: May 2, 2012
Washington, DC

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

Colleen Duffy Kiko, Judge
Employees' Compensation Appeals Board

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