

after November 16, 2009, but affirmed OWCP's denial of her occupational disease claim on the basis that the medical evidence did not establish that this exposure caused or contributed to various diagnosed conditions.² Facts germane to the present appeal are set forth.

On November 23, 2009 appellant, then a 55-year-old rehabilitation technician, filed an occupational disease claim alleging that she sustained a headache, irritated eyes, coughing and burning in her nose and throat due to airborne construction dust, debris and fumes. She became aware of her condition and its relationship to her employment on November 16, 2009. By decisions dated April 21 and August 18, 2010, OWCP denied appellant's claim, finding the evidence insufficient to establish that the alleged exposure actually occurred.

A June 2, 2010 job status note from Dr. David Alan Chandler, a Board-certified ophthalmologist, placed appellant off duty for eight weeks due "to severe toxic corneal breakdown [resulting] from airborne exposure."

Following issuance of the Board's August 5, 2011 decision, appellant filed a request for reconsideration on August 2, 2012 and submitted new medical evidence. In a Form WH-380 ("Certification of Health Care Provider") dated June 30, 2010, Dr. Chandler stated:

"Due to exposure [to] airborne debris at worksite from ongoing renovations, [appellant] develops severe ocular surface reaction including corneal abrasions and conjunctivitis. The corneal abrasions persist for many days after the exposure, leading to inability to work due to eye pain and decreased vision"

He added that appellant was symptomatic since April 15, 2008.

In a Form CA-20 ("Attending Physician's Report") dated September 20, 2011, Dr. Chandler diagnosed corneal punctate keratitis, conjunctivitis and ocular pain and opined that appellant sustained these injuries on November 16, 2009 as a result of occupational exposure to debris. He explained that her condition worsened at work, but improved while off duty.³

On October 3, 2012 OWCP denied modification of OWCP's August 5, 2011 decision.

LEGAL PRECEDENT

An employee seeking benefits under FECA 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, 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

² Docket No. 10-2402 (issued August 5, 2011). The findings contained in the Board's prior decision are incorporated by reference.

³ Appellant also provided Dr. Chandler's eye examination records for the period August 13, 2010 to May 23, 2012, all of which were largely illegible.

the employment injury.⁴ 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.⁵

Whether an employee actually sustained an injury in the performance of duty begins with an analysis of whether fact of injury has been established.⁶ 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.⁷

Rationalized medical opinion evidence is generally required to establish causal relationship. 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.⁸

ANALYSIS

The Board finds that appellant failed to establish her occupational disease claim because the medical evidence did not sufficiently demonstrate that occupational exposure to construction dust, debris and fumes at work on and after November 16, 2009 caused or contributed to corneal punctate keratitis, conjunctivitis and ocular pain.

Dr. Chandler remarked in a June 2, 2010 job status note that appellant sustained toxic corneal breakdown “[resulting] from airborne exposure,” but did not identify the substance to which she was exposed.⁹ He later clarified in a Form WH-380 dated June 30, 2010 that she was exposed to airborne debris from ongoing renovations at work, which led to corneal abrasions and conjunctivitis. In a Form CA-20 dated September 20, 2011, Dr. Chandler diagnosed corneal punctate keratitis, conjunctivitis and ocular pain and concluded that appellant sustained these injuries on November 16, 2009 due to industrial debris exposure, detailing that her condition only worsened on the job. Nonetheless, he did not pathophysiologically explain how exposure to construction dust, debris and fumes caused or contributed to the diagnosed injuries.¹⁰ While Dr. Chandler observed that appellant was symptomatic on duty, this fact does not raise an

⁴ *Elaine Pendleton*, 40 ECAB 1143 (1989).

⁵ *Victor J. Woodhams*, 41 ECAB 345 (1989).

⁶ *See S.P.*, 59 ECAB 184, 188 (2007).

⁷ *See R.R.*, Docket No. 08-2010 (issued April 3, 2009); *Roy L. Humphrey*, 57 ECAB 238, 241 (2005).

⁸ *I.J.*, 59 ECAB 408 (2008); *supra* note 5.

⁹ *See John W. Montoya*, 54 ECAB 306 (2003) (a physician’s opinion must discuss whether the employment factors described by the claimant were causally related to the diagnosed medical condition).

¹⁰ *Joan R. Donovan*, 54 ECAB 615, 621 (2003); *Ern Reynolds*, 45 ECAB 690, 696 (1994).

inference of causal relationship.¹¹ Moreover, he did not furnish clear, objective evidence to support his diagnoses.¹² The need for rationalized medical opinion evidence is particularly important in this case because Dr. Chandler indicated that appellant was symptomatic since April 15, 2008. In the absence of such evidence, appellant failed to discharge her burden of proof.

Appellant may submit new evidence or argument as part of a formal 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 issue is whether appellant met her burden of proof to establish that she sustained an occupational disease in the performance of duty.

ORDER

IT IS HEREBY ORDERED THAT the October 3, 2012 decision of the Office of Workers' Compensation Programs is affirmed.

Issued: April 17, 2013
Washington, DC

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

Colleen Duffy Kiko, Judge
Employees' Compensation Appeals Board

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

¹¹ *S.B.*, Docket No. 11-853 (issued November 15, 2011).

¹² *William E. Lewis*, Docket No. 96-182 (issued November 24, 1997).