

realized that it was caused by his federal employment. On October 27, 2011 Dr. Michael L. Wilder, an attending Board-certified internist, diagnosed occupational asthma.

In a November 2, 2011 letter, the employing establishment controverted the claim, contending that appellant failed to submit supportive medical evidence to establish that his claimed condition was caused by his work.

By letter dated November 10, 2011, OWCP advised appellant that the evidence submitted was insufficient to establish his claim. It requested that he submit medical evidence, including a rationalized medical opinion from an attending physician, which described his symptoms, medical background and employment exposure and nonemployment activities that may have contributed to his claimed condition, and provided the results of examination, tests and treatment and a diagnosis together with medical reasons on how the claimed work exposure contributed to his disease. On November 10, 2011 OWCP also requested that the employing establishment submit factual evidence regarding appellant's claim.

In a November 18, 2011 narrative statement, appellant contended that his asthma was caused by his exposure to chemicals and fumes at work eight hours a day, five to seven days a week. He noted his symptoms and medical treatment. Appellant's symptoms were worse at work and improved when he was on vacation.

In an October 17, 2011 report, Dr. Wilder advised that appellant had uncontrolled Type 2 diabetes, chronic cough, a history of asbestos exposure and occupational asthma. In a November 4, 2011 report, he obtained a history that appellant had no childhood lung disease, hay fever, asthma, sinusitis or purulent bronchitis. In August 2008, appellant was seen by Dr. Arnold G. Markman, a family practitioner, for exposures to epoxy paints. Dr. Wilder stated that he had a chronic cough for three years. Appellant also had a sore throat at times and voice changes, including hoarseness. Dr. Wilder reviewed a November 23, 2010 pulmonary function test which showed a vital capacity of 3.10 L or 105 percent predicted. Forced expiratory volume (FEV₁) was 2.50 L or 108 percent predicted. Appellant's diffusion capacity was 74 percent. His diffusion capacity corrected for volume was 93 percent. Dr. Wilder reviewed an October 2009 computerized axial tomography (CAT) scan which was normal for interstitial lung disease. Appellant reported that his cough was 50 percent better while on vacation. He worked with paints and, two years prior, was assigned to work near an oven that made metal parts and used chemicals. Dr. Wilder advised that a bronchoscopy was fairly unremarkable. Lidocaine aerosol helped appellant for two to three hours at a time. Dr. Wilder still felt that appellant's cough may be related to heating metal parts. Dr. Wilder noted that venting of gases had been reported. He referred appellant to an occupational medicine specialist.

In a November 18, 2011 report, Dr. Wilder advised that, as a pulmonologist, appellant's cough variant asthma may be related to occupational exposures, but he preferred to leave an opinion on causal relation to an occupational medicine physician. He stated that appellant had not responded to the treatment of his more common conditions. Appellant's cough improved 50 percent within three days while on vacation which was highly suggestive. Dr. Wilder stated that something related to the heating of metal parts may have acted as a nonspecific irritant that caused appellant's cough. He concluded that there was no evidence of prior lung or asthma conditions.

A December 2, 2009 industrial hygiene information and exposure assessment listed chemicals, toxic fumes and noise levels employees were exposed to at the employing establishment.

In an undated letter, Gloria Cuthbertson, a human resource specialist, stated that appellant only worked in areas where he was not exposed to toxic fumes and chemicals. In an undated statement, Gregory Champagne, a shop supervisor, related that he could not make a statement regarding the accuracy of appellant's claim as he was not an industrial hygienist or doctor. He was not aware of any potentially harmful substances that appellant was required to use at work. Mr. Champagne could not provide air samples and he did not know if they existed. Also, he could not provide an answer regarding the air circulation and ventilation in a work area as he was not a building manager and had no experience with this type of work. Mr. Champagne stated that appellant was a WG-3712 heat treater and temperer. He heat treated various aircraft parts in ovens, five days a week, eight hours a day.

In a February 28, 2012 decision, OWCP denied appellant's claim. It found that the medical evidence was insufficient to establish that he sustained a pulmonary condition causally related to the accepted factors of his employment.²

LEGAL PRECEDENT

An employee seeking benefits under FECA³ 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 FECA; that the claim was filed within the applicable time limitation; that an injury was sustained while in the performance of duty as alleged and that any disability and/or specific condition for which compensation is claimed are causally related to the employment injury.⁴ These are the essential elements of each and every compensation claim regardless of whether the claim is predicated on a traumatic injury or an occupational disease.⁵

To establish that an injury was sustained in the performance of duty in an occupational disease claim, a claimant must submit the following: (1) medical evidence establishing the presence or existence of the disease or condition for which compensation is claimed; (2) a factual statement identifying employment factors alleged to have caused or contributed to the presence or occurrence of the disease or condition; and (3) medical evidence establishing that the employment factors identified by the claimant were the proximate cause of the condition for which compensation is claimed or, stated differently, medical evidence establishing that the diagnosed condition is causally related to the employment factors identified by the claimant. The medical evidence required to establish a causal relationship is rationalized medical opinion

² In an April 23, 2012 decision, OWCP denied appellant's claim for wage-loss compensation from April 9 to 20, 2012 on the grounds that his occupational claim had been denied. The Board notes that he has not appealed this decision.

³ 5 U.S.C. §§ 8101-8193.

⁴ *C.S.*, Docket No. 08-1585 (issued March 3, 2009); *Elaine Pendleton*, 40 ECAB 1143 (1989).

⁵ *S.P.*, 59 ECAB 184 (2007); *Victor J. Woodhams*, 41 ECAB 345 (1989); *Joe D. Cameron*, 41 ECAB 153 (1989).

evidence. Rationalized medical opinion evidence is medical evidence which includes a physician's rationalized 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 of the claimant, 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.⁶ Neither the fact that appellant's condition became apparent during a period of employment nor, his belief that the condition was caused by his employment is sufficient to establish a causal relationship.⁷

ANALYSIS

OWCP accepted that appellant was exposed to potentially hazardous chemicals and fumes while working as a painter. The Board finds that the medical evidence of record is insufficient to establish that he sustained a pulmonary condition caused or aggravated by the accepted work exposure.

In a November 18, 2011 report, Dr. Wilder, an attending Board-certified internist, opined that appellant's asthma might be related to occupational exposures. He had not responded to the treatment of his more common conditions, his cough improved 50 percent within three days while on vacation which was highly suggestive, something related to the heating of metal parts may act as a nonspecific irritant and there was no evidence of prior lung or asthma conditions. Dr. Wilder advised, however, that he was not qualified to offer an opinion on causal relationship and preferred to leave such an opinion to an occupational medicine physician. This report provides only speculative support for causal relationship. Dr. Wilder qualified his opinion on causal relation and, thus, is of limited probative value.⁸ He did not provide adequate medical rationale explaining how the accepted work exposure caused or aggravated appellant's asthma condition. Medical reports without adequate rationale on causal relationship are of diminished probative value and are insufficient to meet an employee's burden of proof.⁹ Moreover, the fact that appellant had no pulmonary problems prior to the accepted work exposure, without more by way of rationale, is insufficient to establish his claim.¹⁰ In his November 4, 2011 report, Dr. Wilder related that appellant asserted that his cough may be related to heating metal parts, but Dr. Wilder did not provide his own opinion explaining why the established work activity caused or aggravated his cough.¹¹ His October 17, 2011 report found that appellant had a chronic cough, history of asbestos exposure and occupational asthma. Dr. Wilder failed to

⁶ *Victor J. Woodhams*, *supra* note 5 at 351-52 (1989).

⁷ *Kathryn Haggerty*, 45 ECAB 383, 389 (1994).

⁸ *S.W.*, Docket 08-2538 (issued May 21, 2009).

⁹ *Ceferino L. Gonzales*, 32 ECAB 1591 (1981).

¹⁰ *T.M.*, Docket No. 08-0975 (issued February 6, 2009); *John F. Glynn*, 53 ECAB 562 (2002); *Cleopatra McDougal-Saddler*, 47 ECAB 480 (1996).

¹¹ Appellant's belief that the employment caused or aggravated his condition is insufficient to establish causal relationship. See *Joseph T. Gulla*, 36 ECAB 516 (1985).

provide a medical opinion addressing whether the diagnosed conditions were caused or aggravated by the accepted work exposure. Medical evidence which does not offer any opinion regarding the cause of an employee's condition is of limited probative value.¹² For the stated reasons, the Board finds that Dr. Wilder's reports are insufficient to establish appellant's claim.

The Board finds that there is insufficient rationalized medical evidence of record to establish that appellant sustained a pulmonary condition causally related to the accepted work exposure. Appellant did not meet his burden of proof.

CONCLUSION

The Board finds that appellant has failed to establish that he sustained a pulmonary condition causally related to factors of his federal employment.

ORDER

IT IS HEREBY ORDERED THAT the February 28, 2012 decision of the Office of Workers' Compensation Programs is affirmed.

Issued: January 16, 2013
Washington, DC

Patricia Howard Fitzgerald, Judge
Employees' Compensation Appeals Board

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

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

¹² *A.D.*, 58 ECAB 149 (2006); *Jaja K. Asaramo*, 55 ECAB 200 (2004); *Michael E. Smith*, 50 ECAB 313 (1999).