

mail and lifting heavy parcels, trays and tubs. She first became aware of her condition and realized that it resulted from her employment on December 26, 2008. The employing establishment noted that appellant was removed from employment on May 15, 2010.

On June 30, 2011 appellant submitted another occupational disease claim alleging that she developed a cervical condition as a result of wear and tear over the years. She first became aware of her condition and realized it resulted from her employment on May 19, 2011 when her orthopedist informed her that her job duties were worsening her neck and shoulder conditions. Appellant submitted a position description and a March 16, 1993 preemployment fitness-for-duty examination form.

On May 25, 2011 OWCP advised appellant that the evidence submitted was insufficient to establish her claim. It requested that she submit a detailed description of the employment activities that she believed caused her condition and respond to specific questions. OWCP also requested that appellant submit a comprehensive medical report, including a diagnosis, results of examinations and tests, and a physician's opinion with medical rationale explaining the cause of her condition.

In a June 3, 2011 statement, Travis Caples, appellant's supervisor, explained that appellant worked for him for several years and had filed previous claims. He stated that appellant never mentioned having a problem completing her job requirements and did not submit medical paperwork indicating that she could not perform her job. Mr. Caples confirmed that appellant's job as a rural carrier required her to case and deliver mail. Appellant worked her route six days a week from April 2009 until her termination, but noted that there were many weeks where she did not work six-day weeks due to taking time off or calling out unexpectedly. Mr. Caples stated that appellant had a problem with regular attendance that was not due to a job injury but an indifference towards postal attendance policy.

In a June 7, 2010 magnetic resonance imaging (MRI) scan examination of the cervical spine, Dr. David Kos, a neuroradiologist, noted appellant's complaints of neck and shoulder pain. The examination revealed appropriate cervical lordosis and mild scoliosis but no gross listhesis or diffuse marrow replacement or acute to subacute cervical vertebral body marrow edema. Dr. Kos diagnosed multilevel central canal stenosis at the C3-C4 through C5-C6 levels as a result of multilevel small but broad-based posterior disc herniation and foraminal narrowing.

In a decision dated August 1, 2011, OWCP accepted that appellant worked as a letter carrier and was diagnosed with neck and shoulder conditions. It denied her claim finding insufficient medical evidence to establish that her claimed conditions were causally related to her employment duties.

On August 11, 2012 appellant's counsel submitted a request for an oral hearing, which was held on November 30, 2011. She stated that she did not have any preexisting conditions and noted that when she began to work for the postal service her shoulders and cervical regions were fine. Appellant reported that she worked for the postal service for about 20 years and that her first duties as a clerk involved lifting trays of mail weighing 50 to 70 pounds, casing mail, standing four to five hours a day, and carrying tubs of mail into her postal truck. She stated that she began to have problems with her neck and shoulders in 2001 and that her last day of work

was May 15, 2010. Appellant reviewed the various doctors who treated her for her shoulder and neck pain.

In an August 18, 2011 report, Dr. Stephane Lavoie, a Board-certified orthopedic surgeon, related appellant's employment history as a postal carrier. Beginning November 1991, she worked as a clerk with large amounts of mail and packaging and pushed very large containers throughout the workroom floor several times a day for five to six days a week. In 1992 appellant worked as a city carrier. Her duties included heavy lifting, twisting and turning while delivering mail, and repetitive motion using her arms, shoulders and neck. In 1998 appellant worked at the employing establishment and worked there for the next 12 years. She performed heavy lifting, repetitive motion, and twisting and turning of her upper extremities, shoulder and neck. Appellant related that she lifted trays of mail, weighing in excess of 50 pounds, up around her chin in order to get them into the mail truck. She averaged over six of these trays a day, depending on the mail volume. Appellant's last day of work was May 15, 2010.

Upon examination of appellant, Dr. Lavoie observed bilateral shoulder pain and radicular pain in both extremities. He reviewed x-rays and MRI scan examinations and determined that she had adhesive capsulitis in both shoulders and cervical disc disease with bilateral radiculopathy. Dr. Lavoie also noted potential impingement in her shoulders and a history of preexisting degenerative disc disease and cervical symptoms. He opined that the repetitive lifting, reaching, twisting, and carrying mailbags compromised her shoulders and cervical area and aggravated and worsened her orthopedic and neurological problems in her cervical area and bilateral shoulder area. Dr. Lavoie reported that appellant's injuries were consistent with her previous degenerative condition and that the continued use of her arms over the years had worsened these conditions and made them significantly more problematic.

By decision dated January 11, 2012, an OWCP hearing representative affirmed the August 1, 2011 denial decision finding insufficient medical evidence to establish that her right shoulder and neck conditions were causally related to her factors of employment.

In a letter dated March 21, 2012, appellant's counsel submitted a request for reconsideration. He stated that he attached a letter from Dr. Bryan L. Reuss, a Board-certified orthopedic surgeon, who stated, within a reasonable degree of medical probability, that appellant's career of overhead and repetitive lifting of trays and sorting mail contributed to her condition of bursitis. Appellant's counsel noted that the record now contained opinions from two doctors who felt that appellant's job contributed to the development of her shoulder issues.

In a February 15, 2012 report, Dr. Reuss noted that he had treated appellant since February 18, 2011 for complaints of bilateral shoulder pain and diagnosed bursitis and outlet impingement. He noted that appellant related the development of her pain to the repetitive nature of her job, including casing and separating mail and loading 50- to 70-pound trays of mail numerous times a day and two minor injuries on February 5, 2005 and May 14, 2010. Dr. Reuss opined that it was reasonable to assume that a career of overhead and repetitive lifting of heavy trays and sorting mails could have contributed to her condition of bursitis. Despite the fact that appellant had type II acromion, which patients with impingement often have, he felt that the repetitive nature of her job could have contributed to her current symptoms of bursitis.

In a March 2, 2012 report, Dr. Reuss stated that he felt it was reasonable to assume that a career of overhead and repetitive lifting of the trays and sorting of mail contributed to her condition of bursitis within a reasonable degree of medical certainty.

In a decision dated July 26, 2012, OWCP denied modification of the January 11, 2012 denial decision finding insufficient medical evidence to establish that her shoulder and neck conditions were causally related to factors of her federal employment.

LEGAL PRECEDENT

An employee seeking benefits under FECA has the burden of proof to establish the essential elements of her claim by the weight of the reliable, probative, and substantial evidence² including that she sustained an injury in the performance of duty and that any specific condition or disability for work for which she claims compensation is causally related to that employment injury.³ In an occupational disease claim, appellant's burden requires submission of the following: (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.⁴

Causal relationship is a medical issue and the medical evidence generally required to establish causal relationship is rationalized medical opinion evidence.⁵ 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.⁶ The mere fact that work activities may produce symptoms revelatory of an underlying condition does not raise an inference of an employment relation. Such a relationship must be shown by rationalized medical evidence of a causal relation based upon a specific and accurate history of employment conditions which are alleged to have caused or exacerbated a disabling condition.⁷

ANALYSIS

Appellant alleged that her right shoulder and cervical conditions resulted from her duties as a letter carrier. OWCP accepted that her duties included repetitive use of her arms in order to

² *J.P.*, 59 ECAB 178 (2007); *Joseph M. Whelan*, 20 ECAB 55, 58 (1968).

³ *M.M.*, Docket No. 08-1510 (issued November 25, 2010); *G.T.*, 59 ECAB 447 (2008); *Elaine Pendleton*, 40 ECAB 1143, 1145 (1989).

⁴ *R.H.*, 59 ECAB 382 (2008); *Ernest St. Pierre*, 51 ECAB 623 (2000).

⁵ *I.R.*, Docket No. 09-1229 (issued February 24, 2010); *D.I.*, 59 ECAB 158 (2007).

⁶ *I.J.*, 59 ECAB 408 (2008); *Victor J. Woodhams*, 41 ECAB 465 (2005).

⁷ *Patricia J. Bolleter*, 40 ECAB 373 (1988).

case and carry mail and lift heavy parcels, trays, and tubs and that she was diagnosed with right shoulder and neck conditions. It denied her claim finding insufficient medical evidence to establish that her diagnosed conditions were causally related to her work duties. The Board finds that appellant failed to provide sufficient medical evidence to establish that she developed right shoulder and neck conditions as a result of her employment duties.

Appellant submitted an August 18, 2011 report by Dr. Lavoie, who related appellant's employment history as a postal carrier and noted that her duties for the employing establishment included heavy lifting, repetitive motion, and twisting and turning of her upper extremities, shoulder and neck. He reviewed her medical records and noted that she had preexisting degenerative disc disease and a history of cervical symptoms. Upon examination, Dr. Lavoie observed bilateral shoulder pain, radicular pain in both extremities and potential impingement in her shoulders. He diagnosed adhesive capsulitis in both shoulders and cervical disc disease with bilateral radiculopathy. Dr. Lavoie stated that appellant's injuries were consistent with her degenerative condition and that the continued use of her arms over the years had worsened these conditions.

Although Dr. Lavoie provides an opinion on causal relationship, the Board finds that his opinion is not well rationalized. He described appellant's employment duties, but fails to adequately explain how her right shoulder and neck conditions developed or worsened as a result of those duties. The Board has found that medical evidence that states a conclusion but does not offer sufficient rationalized medical explanation regarding the cause of an employee's condition is of limited probative value on the issue of causal relationship.⁸ The opinion of a physician supporting causal relationship must rest on a complete factual and medical evidence background supported by affirmative evidence, address the specific factual and medical evidence of record, and provide medical rationale explaining the relationship between the diagnosed condition and the established incident or factor of employment.⁹ A well-rationalized medical opinion is particularly necessary in this case because Dr. Lavoie also notes that appellant suffered from a degenerative condition but did not sufficiently explain how appellant's shoulder and neck conditions were related to or worsened by her letter carrier duties. Because his report does not meet that standard, it is insufficient to establish appellant's claim.

Appellant also submitted reports by Dr. Reuss who related appellant's complaints of bilateral shoulder pain as a result of the repetitive nature of her job and two minor injuries on February 5, 2005 and May 14, 2010. He conducted an examination and diagnosed shoulder bursitis and outlet impingement. Dr. Reuss stated that it was "reasonable to assume that a career of overhead and repetitive lifting of heavy trays and sorting mails could have contributed to her condition of bursitis." He further clarified that it was "reasonable to assume that a career of overhead and repetitive lifting of trays contributed to her condition." The Board finds that Dr. Reuss' opinion that "it was reasonable to assume" that appellant's employment duties "could have contributed" to her right shoulder condition is speculative in nature. The Board has held that medical opinions that are speculative or equivocal in character are of diminished probative

⁸ *J.F.*, Docket No. 09-1061 (issued November 17, 2009); *A.D.*, 58 ECAB 149 (2006).

⁹ See *Lee R. Haywood*, 48 ECAB 145 (1996).

value.¹⁰ The Board notes that Dr. Reuss also attributed appellant's conditions to two minor injuries on February 5, 2005 and May 14, 2010, which are not otherwise mentioned in the record. Thus, his opinion is not based on an accurate factual background and fails to clearly establish that appellant's conditions resulted from her employment duties and not separate incidents. An award of compensation may not be based on surmise, conjecture, speculation or upon appellant's own belief that there is causal relationship between his claimed condition and his employment.¹¹ Without a reasoned, medical opinion demonstrating that appellant sustained shoulder and neck conditions as a result of her letter carrier duties, the Board finds that OWCP properly denied her claim.

The remaining medical evidence is also insufficient to establish causal relationship. Dr. Kos's June 7, 2010 diagnostic report provides a diagnosis of central canal stenosis but does not provide any opinion on causal relationship. 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.¹²

On appeal, appellant's counsel alleges that the reports of Dr. Lavoie and Dr. Reuss, taken together, clearly described appellant's job factors and showed her those job factors have caused or aggravated an underlying condition. As explained above, however, these reports lack probative value and fail to establish a causal relationship between appellant's employment duties and her medical conditions. Causal relationship is a medical question that must be established by reasoned medical opinion evidence.¹³ Because appellant has not provided such medical opinion in this case, she has failed to meet her burden of proof.

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 has not met her burden of proof to establish that her right shoulder and cervical conditions were causally related to factors of her employment.

¹⁰ *D.D.*, 57 ECAB 734, 738 (2006); *Kathy A. Kelley*, 55 ECAB 206 (2004).

¹¹ *Robert A. Boyle*, 54 ECAB 381 (2003); *Patricia J. Glenn*, 53 ECAB 159 (2001).

¹² *C.B.*, Docket No. 09-2027 (issued May 12, 2010); *J.F.*, Docket No. 09-1061 (issued November 17, 2009); *A.D.*, 58 ECAB 149 (2006).

¹³ *W.W.*, Docket No. 09-1619 (issued June 2, 2010); *David Apgar*, 57 ECAB 137 (2005).

ORDER

IT IS HEREBY ORDERED THAT the July 26, 2012 decision of the Office of Workers' Compensation Programs is affirmed.

Issued: January 28, 2013
Washington, DC

Patricia Howard Fitzgerald, Judge
Employees' Compensation Appeals Board

Alec J. Koromilas, Alternate Judge
Employees' Compensation Appeals Board

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