

minutes later. An ambulance was called for appellant, who had become anxious. Appellant's heart was racing and he had a severe headache. He was taken to a local emergency room together with his supervisor.

OWCP notified appellant on June 13, 2014 that he should submit a report from a medical doctor describing the work injury, providing a medical diagnosis, and explaining how the medical condition was caused by work events. It received a patient call report dated June 9, 2014 from the NYC system 911 provider.

In a decision dated July 17, 2014, OWCP denied appellant's injury claim. It found that the incident occurred as alleged, but he did not submit any medical evidence to establish a diagnosed medical condition was causally related to the work incident. OWCP noted that it had received an ambulance transport report, but it did not contain a diagnosis arising from the June 9, 2014 incident.

On appeal, appellant requests coverage of his ambulance transportation to the emergency room, as well as the medical examination and tests completed during his emergency room visit.²

LEGAL PRECEDENT

FECA provides compensation for the disability of an employee resulting from personal injury sustained while in the performance of his or her duty.³ An employee seeking benefits under FECA has the burden of proof to establish the essential elements of his or her claim. When an employee claims that he or she sustained an injury in the performance of duty, he or she must submit sufficient evidence to establish that he or she experienced a specific event, incident or exposure occurring at the time, place and in the manner alleged. He or she must also establish that such event, incident or exposure caused an injury.⁴

Causal relationship is a medical issue,⁵ and the medical evidence generally required to establish causal relationship is rationalized medical opinion evidence. The opinion of the physician must be based on a complete factual and medical background of the claimant,⁶ must be one of reasonable medical certainty⁷ and must be supported by medical rationale explaining the

² On appeal, appellant submitted discharge documents from the New York University Langone Medical Center. The Board's review of a case is limited, however, to the evidence that was before OWCP at the time of its final decision. Evidence not before OWCP at the time it issued its decision will not be considered by the Board for the first time on appeal. 20 C.F.R. § 501.2(c)(1).

³ 5 U.S.C. § 8102(a).

⁴ *John J. Carlone*, 41 ECAB 354 (1989).

⁵ *Mary J. Briggs*, 37 ECAB 578 (1986).

⁶ *William Nimitz, Jr.*, 30 ECAB 567, 570 (1979).

⁷ *See Morris Scanlon*, 11 ECAB 384, 385 (1960).

nature of the relationship between the diagnosed condition and the established incident or factor of employment.⁸

ANALYSIS

OWCP accepted that the June 9, 2014 work incident occurred as alleged. The Board finds that appellant has established a specific incident on June 9, 2014 when struck on the chest while on his route. The question is whether this incident caused an injury.

Appellant failed to submit a narrative report from any physician explaining how the accepted work incident caused a diagnosed medical condition. Without this rationalized medical evidence, the record does not establish a valid case for compensation. Accordingly, the Board finds that appellant did not meet his burden to establish that he sustained an injury in the performance of duty on June 9, 2014. The Board will affirm OWCP's July 17, 2014 decision.

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.

On appeal, appellant wants his initial medical expenses covered. He was transported by ambulance to an emergency room shortly after the incident. Ordinarily, the employing establishment will authorize treatment of a job-related injury by providing the employee a properly executed Form CA-16 within four hours.⁹ However, a Form CA-16 authorization of medical care was not issued in this case. Under 5 U.S.C. § 8103, however, OWCP has broad discretion to approve unauthorized medical care which it finds necessary and reasonable in cases of emergency or other unusual circumstances. Upon return of the case record, it shall determine whether appellant's ambulance transportation and initial medical care in the hospital emergency room should be authorized pursuant to 20 C.F.R. § 10.304, which provides that in cases involving emergencies or unusual circumstances, OWCP may authorize treatment in a manner other than as stated in this subpart.¹⁰

CONCLUSION

The Board finds that appellant has not met his burden to establish that he sustained an injury in the performance of duty on June 9, 2014. The record lacks a well-reasoned medical opinion on the element of causal relationship.

⁸ See *William E. Enright*, 31 ECAB 426, 430 (1980).

⁹ 20 C.F.R. § 10.300; *Val D. Wynn*, 40 ECAB 666 (1989).

¹⁰ See *id.* at § 10.304. See also *J.D.*, Docket No. 14-936 (issued August 8, 2014); *L.B.*, Docket No. 10-469 (issued June 2, 2010).

ORDER

IT IS HEREBY ORDERED THAT the July 17, 2014 decision of the Office of Workers' Compensation Programs is affirmed.

Issued: December 1, 2014
Washington, DC

Christopher J. Godfrey, Chief Judge
Employees' Compensation Appeals Board

Patricia Howard Fitzgerald, Judge
Employees' Compensation Appeals Board

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