



two machines on a ramp and was subjected to stress and strain while loading the machines. Appellant became aware of his condition and realized that it was caused or aggravated by his employment on May 16, 2012.

By letters dated May 31, 2012, appellant was advised to submit additional factual and medical evidence to support his claim for benefits.

In a June 22, 2012 report, Dr. Brian Minkus, Board-certified in family medicine and an osteopath, noted that appellant was seen for left pelvis and groin pain on May 14, 2012. Appellant related that the pain occurred with prolonged standing and heavy lifting at work. Dr. Minkus noted that appellant received a physical examination prior to his employment and did not exhibit signs of a hernia. His examination revealed a left inguinal hernia, Dr. Minkus saw appellant on June 18, 2012 and that there was no change in the left inguinal hernia. He advised appellant to continue to avoid heavy lifting, strenuous physical activities and prolonged standing until the hernia was repaired and he had fully recovered. Dr. Minkus completed disability certificates placing appellant on restricted duties at work.

In a June 21, 2012 statement, appellant noted that his hernia occurred when he was asked by a supervisor to load two baggage machines. As he was loading heavy bags from conveyor belt onto the two machines, he twisted, turned and bent his body. Appellant explained that he picked up a heavy bag and felt a pull in his lower groin/abdomen region and assumed it was a pulled muscle.

In a July 3, 2012 statement, Cathy Bridges, the employer's administrative officer, noted appellant's allegations and discussed his duties and the requirements of his various positions. She advised that lifting was not a requirement in his job and that he had not worked in the checked baggage area since December 4, 2011. Ms. Bridges provided a copy of appellant's May 18, 2012 workplace injury statement and photographs of the checked baggage area.

In an August 14, 2012 statement, appellant described his duties and the physical requirements of the position. OWCP received witness statements from coworkers confirming that appellant and others lifted bags on the ramps in the course of their duties. It also received photographs of the loading ramp, with baggage.

In a letter dated September 5, 2012, James Tiampo, the employer's assistant federal security director for screening, noted that appellant had previously been a physical education teacher/assistant and track coach. He reviewed the statements of appellant's coworkers and asserted that there was no need to lift baggage but confirmed that, occasionally, there was a need to lift baggage. Mr. Tiampo also provided statements from managers and coworkers.

In an October 18, 2012 decision, OWCP denied appellant's claim. It accepted that he lifted baggage but found that the medical evidence did not establish that the claimed hernia was related to his work duties.

On November 5, 2012 appellant's representative requested a telephonic hearing, which was held on February 15, 2013. At the hearing, appellant denied having a hernia before May 2012. He explained that his duties required lifting, twisting and bending to load baggage of varying weight into two machines. Appellant experienced intermittent pain in the course of his

duties but it did not subside after a few days and continued to worsen. He continued to have pain after changing positions and sought medical treatment in May 2012. Appellant's representative argued that Dr. Minkus' December 26, 2012 report supported causal relationship. Appellant noted that he did not have surgery and stopped work on October 30, 2012, when the employing establishment informed him that there was no work available within his medical restrictions.

In a December 26, 2012 form report, Dr. Minkus noted that appellant was engaged in lifting at work and experienced left testicle pain. He diagnosed a left inguinal hernia. Dr. Minkus addressed casual relation by ascribing to the statement: "the facts of injury are the direct and proximate cause of the diagnosis that I cited above. This is based upon a reasonable medical probability. There may be other causes for this medical problem, but one of the causes is clearly the activities of work described [by appellant] and described above."

In a March 21, 2013 statement, Mr. Tiampo again explained the details of the checked baggage area and emphasized that it was designed to minimize physical transportation, loading and lifting of bags that needed to be screened. Occasionally, a need would arise such that it would be necessary for an employee to physically move bags. In a March 22, 2013 statement, Mr. Tiampo confirmed that employees did occasionally lift baggage.

By decision dated May 6, 2013, an OWCP hearing representative affirmed the October 18, 2012 decision. She found that appellant did not submit sufficient medical evidence addressing causal relation.

### **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 the employment injury.<sup>2</sup> 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.<sup>3</sup>

Whether an employee actually sustained an injury in the performance of duty begins with an analysis of whether fact of injury has been established.<sup>4</sup> 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.<sup>5</sup>

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<sup>2</sup> *Elaine Pendleton*, 40 ECAB 1143 (1989).

<sup>3</sup> *Victor J. Woodhams*, 41 ECAB 345 (1989).

<sup>4</sup> *See S.P.*, 59 ECAB 184, 188 (2007).

<sup>5</sup> *See R.R.*, Docket No. 08-2010 (issued April 3, 2009); *Roy L. Humphrey*, 57 ECAB 238, 241 (2005).

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.<sup>6</sup>

### ANALYSIS

The record establishes that appellant's job entailed screening passengers and lifting baggage and such pushing, bending and twisting as was necessary to send baggage through the screening machine. He was diagnosed with a left inguinal hernia. The Board finds that the medical evidence is insufficient to establish that his employment duties caused or contributed to the diagnosed hernia.

In a June 22, 2012 report, Dr. Minkus, noted that appellant was seen for left pelvis and groin pain arising on May 14, 2012. He diagnosed a left inguinal hernia. Appellant related that the pain occurred with prolonged standing and heavy lifting at work. Dr. Minkus noted that a physical examination prior to appellant's employment did not exhibit signs of a hernia. The Board finds that he did not offer a rationalized opinion on causal relation other than to note that appellant had pain that occurred while loading baggage at work. The Board has found that because an employee is asymptomatic before an employment injury is insufficient, without supporting medical rationale, to establish causal relationship.<sup>7</sup> Dr. Minkus did not describe the process by which appellant's job duties were competent to cause or aggravate the diagnosed hernia.

In a December 26, 2012 form report, Dr. Minkus provided brief written responses to several questions. He noted that appellant was engaged in lifting at work and experienced left testicle pain. Dr. Minkus diagnosed a left inguinal hernia. He ascribed to the form statement concerning causal relationship that "the facts of injury are the direct and proximate cause of the diagnosis that I cited above. This is based upon a reasonable medical probability. There may be other causes for this medical problem, but one of the causes is clearly the activities of work described [by appellant] and described above." The Board notes that Dr. Minkus' response on the form fails to adequately explain how the specific job duties identified by appellant caused or contributed to his hernia. Dr. Minkus did not explain the pathophysiological process by which lifting bags or bending and twisting at work, would cause the diagnosed hernia. The Board has long held that medical opinions not containing rationale on causal relation are of diminished probative value.<sup>8</sup>

As Dr. Minkus failed to provide a rationalized medical opinion explaining how the diagnosed hernia was related to specific job duties, appellant failed to establish that his hernia is causally related to his federal employment.

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<sup>6</sup> *I.J.*, 59 ECAB 408 (2008); *Woodhams*, *supra* note 3.

<sup>7</sup> *Thomas Petrylak*, 39 ECAB 276 (1987).

<sup>8</sup> *Carolyn F. Allen*, 47 ECAB 240 (1995).

On appeal, appellant's representative argued that appellant met his burden of proof as the evidence was sufficient on causal relation. The Board notes that causal relationship is a medical issue and the evidence generally required to establish causal relationship is rationalized medical opinion evidence.<sup>9</sup> The medical evidence must include rationale explaining how the physician reached the conclusion he or she is supporting.<sup>10</sup> OWCP's procedures recognize that, with certain clear-cut traumatic injuries, such as a fall from a scaffold resulting in a broken arm, the record may require only an affirmative statement by a physician to establish causal relationship.<sup>11</sup> This occupational disease claim is not a situation with an injury that can be identified on visual inspection or a clear-cut traumatic injury requiring only an affirmative statement.<sup>12</sup> Dr. Minkus did not provide rationale for his opinion on causal relationship.

Appellant may submit evidence or argument with a written request for reconsideration 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 his burden of proof to establish that he sustained a hernia causally related to factors of his employment.

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<sup>9</sup> *Y.J.*, Docket No. 08-1167 (issued October 7, 2008).

<sup>10</sup> *See also T.M.*, Docket No. 08-975 (2009) (a physician's opinion on causal relationship between a claimant's disability and an employment injury is not conclusive simply because it is rendered by a physician; the physician must provide rationale for the opinion reached and where no such rationale is present, the medical opinion is of diminished probative value); *Beverly A. Spencer*, 55 ECAB 501 (2004).

<sup>11</sup> Federal (FECA) Procedure Manual, Part 2 -- Claims, *Causal Relationship*, Chapter 2.805.3(d) (January 2013).

<sup>12</sup> *See A.S.*, Docket No. 07-141 (issued March 27, 2007).

**ORDER**

**IT IS HEREBY ORDERED THAT** the May 6, 2013 decision of the Office of Workers' Compensation Programs is affirmed.

Issued: March 14, 2014  
Washington, DC

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

Patricia Howard Fitzgerald, Judge  
Employees' Compensation Appeals Board

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