

moving bundles and pallets, lifting trays of letters and parcels and pushing and pulling equipment. She became aware of her condition and of its relationship to her employment on November 18, 2013. The employing establishment did not note a date of work stoppage and checked a box indicating “no” to the question of whether medical reports showed that appellant was disabled for work.

On July 27, 2012 Dr. Michael B. Roach, a Board-certified orthopedic surgeon, diagnosed lumbago. He noted pain of the joint of the pelvic region and thigh. Dr. Roach stated that appellant was treated for lower back pain. He noted that this was a recurrent problem, with aching pain in the lower back radiating to the left thigh. Dr. Roach stated that appellant worked as a postal employee. He noted that x-rays of the left hip showed no arthritis, while x-rays of the lumbar spine were also normal. Dr. Roach assessed appellant with intermittent low back pain, probably related to early lumbar spondylosis.

In a report dated October 30, 2012, Dr. Roach assessed appellant with intermittent lower back pain. He noted that she worked for the employing establishment and that vigorous work there occasionally aggravated her back. Dr. Roach recommended that appellant perform flexibility exercises and work on an elliptical trainer.

In a report dated July 10, 2013, Dr. Michael T. Mai, a Board-certified orthopedic surgeon, diagnosed appellant with lumbar radiculopathy and degenerative joint disease of the left hip. He noted that she had no prior history of injury of the left hip or history of preventative surgery. Dr. Mai stated that the pain was worse with activities and better at rest. On examination, he noted pain with hip flexion. Dr. Mai assessed appellant as having possible avascular necrosis of the left hip joint or a possible labral tear. He recommended a magnetic resonance imaging (MRI) scan.

In a report dated July 30, 2013, Dr. Dina Ragheb, a Board-certified radiologist, reviewed the results of an MRI scan obtained that date. She noted a two centimeter (cm) oval-shaped lesion lateral to the quadriceps tendons between the gluteus musculature and the quadratus femoris in the left hip. Dr. Ragheb stated that it represented either a complex fluid collection or solid mass including a nerve sheath tumor. On examination of the pelvis, she found probable subserosal fibroid and a complex lesion in the left adnexa, likely a complex cyst. Dr. Ragheb recommended another MRI scan of the left hip with intravenous gadolinium and a pelvic ultrasound for further evaluation.

On August 23, 2013 Dr. Mai stated that appellant could return to light-duty immediately, with restrictions of no heavy lifting and no constant standing or walking.

In a report dated September 9, 2013, Dr. Ragheb examined the results of an MRI scan with contrast obtained that date. She found an 18 millimeter oval-shaped solid lesion lateral to the left quadriceps tendons between the gluteal musculature and quadratus femoris muscle, which she stated could represent a nerve sheath tumor. Dr. Ragheb also found a fibroid uterus, with a one cm lesion in the left adnexa.

In notes dated November 18, 2013, Dr. Mohammed K. Shahin, a Board-certified internist, reviewed the MRI scans from July 26 and September 5, 2013. He assessed appellant

with left hip pain and a mass of the left hip region, possibly on the nerve sheet. Dr. Shahin noted that her pain was aggravated by lifting, pushing or carrying heavy objects.

On December 10, 2013 OWCP advised appellant of the evidence needed to establish her claim. It requested that she respond to its inquiries and submit a comprehensive medical report from an attending physician with a description of symptoms, results of examinations and tests, diagnoses, the clinical course of treatment provided, a description of her medical history along with the history of her employment exposure and nonemployment activities that contribute to the condition. OWCP requested a physician's opinion supported by a medical explanation as to whether her work-related exposure resulted in the diagnosed condition. Appellant resubmitted the November 18, 2013 notes of Dr. Shahin and copies of her MRI scans.

In a January 7, 2014 report, Dr. Shahin reviewed appellant's medical history. He diagnosed a nerve sheath tumor of the left hip, left hip pain, degenerative joint disease, gastroesophageal reflux disease, anxiety associated with depression and stable major depressive disorder. Dr. Shahin noted that persistent pain and numbness in the left hip area was aggravated by heavy lifting or squatting.

Appellant responded to OWCP's inquiries on January 8, 2014. She stated that, in 2010, she noticed a throbbing and stabbing pain on her left hip, which became worse over time. Appellant also experienced weakness of the left leg and numbness down to the tip of the left foot and stated that constant lifting and/or heavy lifting made it worse.

By decision dated January 23, 2014, OWCP denied appellant's claim. It found that the medical evidence did not establish that she had been diagnosed with a condition in connection with factors of her federal employment.

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 filed within the applicable time limitation; that an injury was sustained while in the performance of duty as alleged and that any disability or specific condition for which compensation is claimed is causally related to the employment injury.² These are the essential elements of every compensation claim regardless of whether the claim is predicated on a traumatic injury or occupational disease.³

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

² Gary J. Watling, 52 ECAB 278, 279 (2001); Elaine Pendleton, 40 ECAB 1143, 1145 (1989).

³ Michael E. Smith, 50 ECAB 313, 315 (1999).

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 claimant has the burden of establishing by the weight of reliable, probative and substantial evidence that the condition for which compensation is sought is causally related to a specific employment incident or to specific conditions of employment.⁴ An award of compensation may not be based on appellant's belief of causal relationship. Neither the mere fact that a disease or condition manifests itself during a period of employment nor the belief that the disease or condition was caused or aggravated by employment factors or incidents is sufficient to establish a causal relationship.⁵

Causal relationship is a medical issue and the medical evidence generally required to establish causal relationship is rationalized medical opinion evidence.⁶ Rationalized medical opinion evidence is medical evidence which includes a physician's reasoned opinion on whether there is a causal relationship between the claimant's diagnosed condition and the compensable 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.⁷ The weight of medical evidence is determined by its reliability, its probative value, its convincing quality, the care of analysis manifested and the medical rationale expressed in support of the physician's opinion.⁸

ANALYSIS

OWCP accepted that appellant established the employment exposures of repetitive lifting and walking as a mail clerk. The Board finds that she has not submitted sufficient medical evidence to establish that her left hip condition was caused or aggravated by factors of her federal employment.

In a January 7, 2014 report, Dr. Shahin reviewed appellant's medical history and diagnosed a nerve sheath tumor of the left hip. This diagnosis was supported by several diagnostic MRI scan studies obtained by Dr. Ragheb, who found a solid lesion lateral to the left quadriceps tendons between the gluteal musculature and quadratus femoris muscle.

Appellant has not submitted sufficient evidence to establish that her left hip condition was caused or aggravated by factors of her federal employment. While Dr. Roach mentioned that she worked at the employing establishment as a postal employee and that, vigorous work

⁴ *Roma A. Mortenson-Kindschi*, 57 ECAB 418, 428 n.37 (2006); *Katherine J. Friday*, 47 ECAB 591, 594 (1996).

⁵ *P.K.*, Docket No. 08-2551 (issued June 2, 2009); *Dennis M. Mascarenas*, 49 ECAB 215, 218 (1997).

⁶ *Elizabeth H. Kramm (Leonard O. Kramm)*, 57 ECAB 117, 123 (2005).

⁷ *Leslie C. Moore*, 52 ECAB 132, 134 (2000).

⁸ *Jennifer Atkerson*, 55 ECAB 317, 319 (2004); *Naomi A. Lilly*, 10 ECAB 560, 573 (1959).

occasionally aggravated her back, he did not offer a clear opinion regarding the causal relationship of her left hip condition. There are no other reports of record that provided a physician's opinion on the issue of a causal relationship between appellant's left hip condition and work-related factors. Medical evidence which does not offer any opinion regarding the cause of an employee's condition is of limited probative value on the issue of causal relationship.⁹ The reports are not sufficient to meet appellant's burden to establish a causal relationship between work-related factors and her claimed injury.

The Board finds that the medical evidence does not establish that appellant sustained a left hip injury causally related to her employment. An award of compensation may not be based on surmise, conjecture or speculation. Neither the fact that appellant's condition became apparent during a period of employment nor the belief that her condition was caused, precipitated or aggravated by her employment, is sufficient to establish causal relationship.¹⁰ Causal relationships must be established by rationalized medical opinion evidence. Consequently, OWCP properly found that appellant did not meet her burden of proof in establishing her claim.

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 did not meet her burden of proof to establish that her claimed left hip condition was causally related to her federal employment.

⁹ *Michael E. Smith*, 50 ECAB 313, 316 n.8 (1999).

¹⁰ *See Dennis M. Mascarenas*, *supra* note 5.

ORDER

IT IS HEREBY ORDERED THAT the January 23, 2014 decision of the Office of Workers' Compensation Programs is affirmed.

Issued: September 5, 2014
Washington, DC

Colleen Duffy Kiko, Judge
Employees' Compensation Appeals Board

Patricia Howard Fitzgerald, Judge
Employees' Compensation Appeals Board

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