

2014, the employing establishment controverted his claim on the grounds of performance of duty, fact of injury, and causal relationship. It indicated that it was made clear to appellant that he was allowed to take a break, but that he failed to keep hydrated or remove layers of clothing. The employing establishment contended that the medical conditions he experienced while at work were not the result of work factors and work factors did not aggravate an underlying condition.

Appellant sought treatment on April 5, 2014 at Saint Francis Medical Center. In an April 5, 2014 report, Dr. Emily M. Horvath, an internist, noted that per appellant, after working his route for six to seven hours, he seemed confused. She diagnosed diabetes mellitus, thyroid disease, asthma, and hypertension. In an April 6, 2014 treatment note, Dr. Matthew D. Jager, a Board-certified internist, noted acute kidney injury (AKI) and elevated creatine phosphokinase due to overexertion and dehydration. He noted that these conditions were resolving well with intravenous (IV) fluid. Discharge notes by Dr. Matthew Mischler, a Board-certified internist, indicated that appellant was discharged from the hospital on April 7, 2014 and that he had been treated for AKI and rhabdomyolysis. Dr. Mischler also noted hypertension; hyperlipidemia; diabetes mellitus, type 2; hypothyroid; and metabolic acidosis. He noted that appellant's confusion had resolved. Dr. Mischler advised appellant that, while working outside in the heat, it is important to take frequent water breaks to prevent dehydration and cramping. In a June 4, 2014 note, he noted that appellant was admitted for medical care from April 5 to 7, 2014. Dr. Mischler stated that appellant was admitted for AKI and evidence of dehydration. He noted that appellant was on medications that could contribute to AKI. Appellant also submitted nurses' notes and laboratory results from his stay at Saint Francis Medical Center.

By decision dated June 16, 2014, OWCP denied appellant's claim. It determined that he had not established a causal relationship between the accepted employment incident and the medical diagnoses.

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 of FECA, that an injury was sustained 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. 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.²

In order to determine whether an employee actually sustained an injury in the performance of duty, OWCP begins with an analysis of whether fact of injury has been established. Generally, fact of injury consists of two components, which must be considered in conjunction with one another. The first component to be established is that the employee actually experienced the employment incident or exposure, which is alleged to have occurred.³

² *Jussara L. Arcanjo*, 55 ECAB 281, 283 (2004).

³ *See* Federal (FECA) Procedure Manual, Part 2 -- Claims, *Fact of Injury*, Chapter 2.803(2)(a) (June 1995).

In order to meet his or her burden of proof to establish the fact that he or she sustained an injury in the performance of duty, an employee must submit sufficient evidence to establish that he or she actually experienced the employment injury or exposure at the time, place, and in the manner alleged.⁴ The second component is whether the employment incident caused a personal injury and generally can be established only by medical evidence.⁵ The medical evidence required to establish causal relationship is usually rationalized medical 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

ANALYSIS

Appellant alleged that he sustained a traumatic injury on April 5, 2014 as a result of working in the heat with no breaks. OWCP determined that he had established that the employment incident occurred as alleged and that there was a medical diagnosis. However, it denied appellant's claim as it determined that he failed to establish that his accepted medical diagnoses were causally related to the accepted factors of his federal employment.

The medical records from physicians at Saint Francis Medical Center do not establish that appellant's diagnosed conditions AKI, hypertension, hyperlipidemia, diabetes, hypothyroid, metabolic acidosis, or elevated creatine phosphokinase were causally related to his working in the heat on April 5, 2014. Dr. Horvath did not make any statement with regard to causal relationship, she just acknowledged that appellant had appeared confused by his coworkers. Dr. Jager noted AKI and elevated creatine phosphokinase due to overexertion and dehydration. He did not attribute the medical conditions to appellant's employment. Dr. Mischler gave a summary of appellant's hospital stay and noted that he was admitted for AKI and evidence of dehydration. He noted that appellant was on medication that could cause dehydration, and that after being given IV fluids, appellant was discharged home in good condition. Appellant submitted nurses notes and laboratory results. The Board has held that documents signed by a nurse are not considered medical evidence as a nurse is not a physician under FECA.⁷ Appellant must submit detailed medical opinion evidence explaining how the April 5, 2014 employment incident caused the diagnosed injuries.⁸ As appellant did not submit a rationalized medical

⁴ *Linda S. Jackson*, 49 ECAB 486 (1998).

⁵ *John J. Carlone*, 41 ECAB 354 (1989); *Horace Langhorne*, 29 ECAB 820 (1978).

⁶ *Judith A. Peot*, 46 ECAB 1036 (1995); *Ruby I. Fish*, 46 ECAB 276 (1994).

⁷ See *David P. Sawchuk*, 57 ECAB 316 (2006) (lay individuals such as physician's assistants, nurses and physical therapists are not competent to render a medical opinion under FECA); 5 U.S.C. § 8101(2) (this subsection defines a physician as surgeons, podiatrists, dentists, clinical psychologists, optometrists, chiropractors, and osteopathic practitioners within the scope of their practice as defined by State law).

⁸ See *K.R.*, *supra* n. 6.

opinion supporting that his injuries were causally related to the accepted April 5, 2014 employment incident, OWCP properly denied his claim for a traumatic injury.

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 establish that he sustained an injury in the performance of duty on April 5, 2014, as alleged.

ORDER

IT IS HEREBY ORDERED THAT the decision of the Office of Workers' Compensation Programs dated June 16, 2014 is affirmed.

Issued: April 14, 2015
Washington, DC

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

Patricia H. Fitzgerald, Deputy Chief Judge
Employees' Compensation Appeals Board

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