



sprain, bilateral shoulder and upper arm contusion, bilateral wrist sprain, bilateral wrist contusion, bilateral hand sprain, and bilateral finger contusion. Appellant underwent authorized bilateral shoulder arthroscopic subacromial decompressions in 2012 and she missed work for intermittent periods. She accepted a modified light-duty position on December 16, 2013.

Appellant submitted numerous CA-7 forms requesting compensation for wage loss from August 15 to November 3, 2014.

By letter to appellant dated September 10, 2014, OWCP requested additional factual and medical evidence to show disability for work, including medical documentation to establish medical treatment or that she was unable to work as a result of her work injury for the dates claimed. It noted that it had not received any medical documentation to support the claimed periods of disability. OWCP advised appellant that she had 30 days to submit the requested information.

In a brief medical note dated August 6, 2013, Dr. Anthony Miniaci, a specialist in orthopedic surgery, stated that he was treating appellant for bilateral shoulder issues. Appellant also submitted a Form CA-17 dated August 13, 2014 from Dr. Miniaci in which he indicated that appellant was off work and unable to return because of a rotator cuff injury. Neither of these reports discussed whether appellant was disabled due to her accepted conditions for the periods claimed.

By decision dated November 12, 2014, OWCP denied appellant's claim for compensation for wage loss from August 15 to November 3, 2014.

### **LEGAL PRECEDENT**

A recurrence of disability means an inability to work after an employee has returned to work, caused by a spontaneous change in a medical condition which has resulted from a previous injury or illness without an intervening injury or new exposure to the work environment that caused the illness.<sup>2</sup> When an employee, who is disabled from the job he or she held when injured on account of employment-related residuals, returns to a light-duty position or the medical evidence establishes that light duty can be performed, the employee has the burden to establish by the weight of reliable, probative, and substantial evidence a recurrence of disability. As part of this burden of proof, the employee must show either a change in the nature and extent of the injury-related condition, or a change in the nature and extent of the light-duty requirements.<sup>3</sup>

The Board has long held that whether a particular injury causes an employee disability for employment is a medical question which must be resolved by competent medical evidence.<sup>4</sup>

---

<sup>2</sup> 20 C.F.R. § 10.5(x).

<sup>3</sup> *Terry R. Hedman*, 38 ECAB 222 (1986).

<sup>4</sup> *See Donald E. Ewals*, 51 ECAB 428 (2000).

## ANALYSIS

OWCP accepted appellant's claim and requested that appellant submit medical evidence to support the period of disability claimed. Appellant did not provide a probative rationalized medical opinion that she was disabled for work because of her accepted conditions between August 15 and November 3, 2014.<sup>5</sup>

To establish entitlement to compensation, an employee must provide medical evidence that a disability from work resulted from the employment injury.<sup>6</sup> The Board will not require OWCP to pay compensation for disability in the absence of medical evidence directly addressing the specific dates of disability for which compensation is claimed. To do so would essentially allow an employee to self-certify his or her disability and entitlement to compensation.<sup>7</sup> Whether a claimant's disability is related to an accepted condition is a medical question which must be answered by a physician with a complete and accurate factual and medical history. The physician must state that the disability is causally related to employment factors and support that conclusion with sound medical reasoning.<sup>8</sup> There is no such evidence in this case.

The only medical reports which described her conditions were the August 6, 2014 summary note and an August 13, 2015 form report from Dr. Miniaci. Dr. Miniaci indicated only that he was treating appellant for bilateral shoulder issues and that she was off work and unable to work due to a rotator cuff injury. He did not provide a medical opinion explaining how her accepted bilateral shoulder condition caused disability during the period claimed.<sup>9</sup> Appellant has thus failed to submit such evidence which would indicate that her accepted conditions caused any wage loss for any periods.

## CONCLUSION

The Board finds that appellant has not met her burden to establish that she sustained a recurrence of disability causally related to her accepted injury and was entitled to compensation for wage loss from August 15 to November 3, 2014.

---

<sup>5</sup> *William C. Thomas*, 45 ECAB 591 (1994).

<sup>6</sup> *Supra* note 4.

<sup>7</sup> *Paul E. Thams*, 56 ECAB 503 (2005).

<sup>8</sup> *Howard A. Williams*, 45 ECAB 853 (1994).

<sup>9</sup> *Id.*

**ORDER**

**IT IS HEREBY ORDERED THAT** the November 12, 2014 decision of the Office of Workers' Compensation Programs is affirmed.

Issued: August 4, 2015  
Washington, DC

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

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

James A. Haynes, Alternate Judge  
Employees' Compensation Appeals Board