

“repetitive movement on a daily basis while sorting oversized packages.” She indicated that the injury occurred on June 7, 2014.

Dr. Heidi R. Kemmer, an osteopath, examined appellant on February 9, 2015 and diagnosed wrist tenosynovitis. Appellant provided a history to Dr. Kemmer of pain in the left wrist on February 7, 2015 while separating packages at work and of left wrist injury on February 9, 2015. Dr. Kemmer provided work restrictions. Appellant submitted notes from Ronald E. Lambert, a physician assistant, and notes from Emily E. Elant, a physical therapist.

In a letter dated February 25, 2015, OWCP requested additional factual and medical evidence in support of appellant’s claim and afforded 30 days for a response. It provided appellant with the definitions of occupational disease and traumatic injury and asked her to determine, based on these definitions, which type of claim she was filing.

The employing establishment provided appellant with an authorization for examination and/or treatment (Form CA-16) on February 18, 2015 which was signed by the physician assistant, Mr. Lambert. Appellant also submitted duty status reports CA-17 forms dated February 17 and 27, 2015 signed by Mr. Lambert.

Appellant provided a statement listing her employment duties of moderate to heavy lifting and carrying of sacks of mail and parcels. She described lifting oversized packages weighing between 25 and 75 pounds continuously for 10 to 12 hours a day for 6 days a week. Appellant confirmed that she was claiming an occupational disease.

Dr. Angela Schultz, a Board-certified family practitioner, described appellant’s condition on February 8, 2015 as “left wrist pain after lifting packages at work.” She reported that appellant denied any specific trauma to her hand. Dr. Schultz diagnosed left wrist sprain and provided work restrictions. She opined, “This patient’s injury and pain was a direct result of lifting a package at work. [Appellant] did not state she had any significant pain immediately prior to the injury.”

By decision dated April 10, 2015, OWCP denied appellant’s claim, finding that she had not established a causal relationship between her diagnosed condition and her implicated job duties. It found that appellant had not submitted the necessary medical evidence providing reasoning describing the relationship between appellant’s diagnosed condition and her employment.²

LEGAL PRECEDENT

An employee seeking benefits under FECA³ has the burden of establishing the essential elements of his or her claim by the weight of the reliable, probative, and substantial evidence, including the fact that the individual is an “employee of the United States” within the meaning of

² After OWCP’s April 10, 2015 decision, appellant submitted additional evidence. As OWCP did not consider this evidence in reaching a final decision, the Board may not consider it for the first time on appeal. 20 C.F.R. § 501.2(c)(1).

³ 5 U.S.C. §§ 8101-8193.

FECA and 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 or specific condition for which compensation is claimed is causally related to the employment injury.⁴ 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.⁵

OWCP's regulations define an occupational disease as "a condition produced by the work environment over a period longer than a single workday or shift."⁶ 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 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 evidence required to establish causal relationship is rationalized medical opinion evidence, based upon a complete factual and medical background, showing a causal relationship between the claimed condition and identified factors. The belief of a claimant that a condition was caused or aggravated by the employment is not sufficient to establish causal relation.⁷

ANALYSIS

The Board finds that appellant has not submitted the necessary medical opinion evidence to establish a causal relationship between her diagnosed condition of left wrist sprain and her implicated employment duties.

Appellant filed a claim for a traumatic injury on February 9, 2015, but later clarified that she believed that her left wrist sprain was due to employment duties for a period longer than a single workday or shift. She attributed her condition to lifting oversized packages weighing between 25 and 75 pounds continuously for 10 to 12 hours a day 6 days a week as a mail processing clerk. The Board finds that OWCP properly developed appellant's claim as an occupational disease.

The Board further finds that the medical evidence consisting of reports from Drs. Kemmer and Schultz are not sufficiently detailed and well reasoned to establish appellant's occupational disease claim. Dr. Kemmer did not describe appellant's implicated employment duties over a period of time, instead indicating that appellant developed left wrist pain on February 9, 2015 while lifting packages at work. She diagnosed left wrist tenosynovitis and did

⁴ *Kathryn Haggerty*, 45 ECAB 383, 388 (1994); *Elaine Pendleton*, 41 ECAB 1143 (1989).

⁵ *Victor J. Woodhams*, 41 ECAB 345 (1989).

⁶ 20 C.F.R. § 10.5(q).

⁷ *Lourdes Harris*, 45 ECAB 545, 547 (1994).

not offer a clear opinion whether she believed that this condition was due to appellant's employment duties.

Dr. Schultz diagnosed left wrist sprain, and noted that appellant attributed her left wrist pain to lifting packages at work. She concluded, "This patient's injury and pain was a direct result of lifting a package at work." This report, although supportive, does not clearly describe appellant's employment duties of lifting heavy packages on a daily basis and does not provide any explanation of why and how those duties caused the diagnosed condition. Without medical reasoning explaining the nature of the relationship between appellant's established work duties and her diagnosed condition, this report is not sufficient to meet appellant's burden of proof.

The reports of Mr. Lambert, the physician assistant, and Ms. Elant, a physical therapist, do not constitute medical evidence as physical therapists⁸ and physician assistants⁹ are not considered physicians under FECA. As neither Mr. Lambert nor Ms. Elant is a physician, their notes do not constitute competent medical evidence and cannot meet appellant's burden of proof to establish her occupational disease claim.¹⁰

The Board notes that the employing establishment issued a Form CA-16 authorization for medical treatment on February 18, 2015. Where an employing establishment properly executes a Form CA-16, which authorizes medical treatment as a result of an employee's claim for an employment-related injury, the Form CA-16 creates a contractual obligation, which does not involve the employee directly, to pay for the cost of the examination or treatment regardless of the action taken on the claim.¹¹ The period for which treatment is authorized by a Form CA-16 is limited to 60 days from the date of issuance, unless terminated earlier by OWCP.¹² In this case, it is unclear whether OWCP paid for the cost of appellant's examinations. On return of the case record, OWCP should further address the issue.¹³

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.

⁸ See David P. Sawchuk, 57 ECAB 316 (2006) (lay individuals such as physician 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).

⁹ *D.S.*, Docket No. 15-0821 (issued July 2, 2015).

¹⁰ *F.D.*, Docket No. 15-0868 (issued August 10, 2015).

¹¹ *Tracey P. Spillane*, 54 ECAB 608 (2003); *A.B.*, Docket No. 15-1002 (issued August 14, 2015).

¹² 20 C.F.R. § 10.300(c).

¹³ *Spillane*, *supra* note 11.

CONCLUSION

The Board finds that appellant failed to meet her burden of proof to establish a left wrist condition due to factors of her federal employment.

ORDER

IT IS HEREBY ORDERED THAT the April 10, 2015 decision of the Office of Workers' Compensation Programs is affirmed.

Issued: December 16, 2015
Washington, DC

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

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

Colleen Duffy Kiko, Judge
Employees' Compensation Appeals Board