

FACTUAL HISTORY

On March 5, 2014 appellant, then a 54-year-old mail carrier, filed an occupational disease or illness claim (Form CA-2),² alleging that he sustained a stroke on January 14, 2014 as a result of his federal employment. The reverse of the claim form states that he returned to light duty on February 22, 2014.

In an undated statement received on March 11, 2014, appellant stated that he had a four-year history of hypertension and one-year history of diabetes. He alleged that on January 14, 2013 he had been casing mail for one hour when he felt a light headache and upon returning from the restroom he lost consciousness and fell to the floor. Appellant indicated that he was taken to the hospital and diagnosed with a stroke. He stated that he continued to experience weakness in his left hand, shoulder and knee.

By letter dated March 28, 2014, OWCP advised appellant to submit additional factual and medical evidence. In an April 14, 2014 statement, appellant stated that he had started the job at the current work site on January 11, 2014. He stated that he felt tense and stressful, and “felt under pressure and stress to complete the work at prescribed time.” According to appellant, after the stroke he had left-side numbness and did not return to regular duty until March 26, 2014.

With respect to medical evidence, appellant submitted hospital and diagnostic test results commencing January 14, 2014. In a report of that date, Dr. Howard Weiss, a Board-certified neurologist, provided a history that appellant had fallen and was found on the floor with left arm and leg weakness. He stated that the findings were consistent with an evolving cerebral infarct. By report also dated January 14, 2014, Dr. Michael Watts, an osteopath, noted that appellant had been found unresponsive on the floor. He indicated that appellant reported left shoulder and neck pain, with left arm weakness. Dr. Watts diagnosed acute cerebrovascular accident (CVA) and left shoulder pain.

In a hospital discharge summary report dated January 16, 2014, Dr. Ziana Liese, a Board-certified family practitioner, diagnosed a transient ischemic episode, hyperlipidemia, type 2 diabetes, and hypertension. By report dated January 31, 2014, Dr. Usman Haleem, a Board-certified internist, stated that appellant had suffered an ischemic stroke and still had left hand numbness with left extremities weakness. He diagnosed acute ischemic stroke, hyperlipidemia, type 2 diabetes, and hypertension. In a report dated February 14, 2014, Dr. Haleem indicated that appellant should remain off work.

By decision dated June 26, 2014, OWCP denied the claim for compensation. It found that appellant had not provided sufficient details with respect to work factors contributing to the claimed condition. OWCP also found that the medical evidence did not establish a diagnosed condition causally related to factors of federal employment.

² An occupational disease or illness means a condition produced by the work environment over a period longer than a single workday or shift. 20 C.F.R. § 10.5(q).

LEGAL PRECEDENT

A claimant 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 that an injury was sustained in the performance of duty as alleged and that any specific condition or disability claimed is causally related to the employment injury.⁴

To establish that an injury was sustained in the performance of duty, a claimant must submit: (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 diagnosed condition is causally related to the employment factors identified by the claimant.⁵

With respect to allegations of employment factors that cause emotional stress, the evidence must establish that the work factors are compensable. Workers' compensation law does not apply to each and every injury or illness that is somehow related to an employee's employment. An employee's emotional reaction to his or her regular or specially assigned work duties or to a requirement imposed by the employment is a compensable work factor. On the other hand, a reaction to frustration over not being permitted to work in a particular environment or to hold a particular position, or secure a promotion, are not considered compensable work factors.⁶

Causal relationship is a medical question that can generally be resolved only by rationalized medical opinion evidence.⁷ A physician's opinion on the issue of whether there is a causal relationship between the claimant's diagnosed condition and the implicated employment factors must be based on a complete factual and medical background of the claimant.⁸ Additionally, in order to be considered rationalized, the opinion must be expressed in terms of a reasonable degree of medical certainty, and must be supported by medical rationale, explaining the nature of the relationship between the diagnosed condition and appellant's specific employment factors.⁹

ANALYSIS

In the present case, appellant has alleged that he suffered a stroke on January 14, 2014 that was causally related to his federal employment. As noted above, a claimant must submit a

³ 5 U.S.C. §§ 8101-8193.

⁴ 20 C.F.R. § 10.115(e), (f) (2005); see *Jacquelyn L. Oliver*, 48 ECAB 232, 235-36 (1996).

⁵ *Ruby I. Fish*, 46 ECAB 276, 279 (1994).

⁶ *Lillian Cutler*, 28 ECAB 125 (1976).

⁷ See *Robert G. Morris*, 48 ECAB 238 (1996).

⁸ *Victor J. Woodhams*, 41 ECAB 345, 352 (1989).

⁹ *Id.*

factual statement that describes the employment factors that are alleged to have contributed to the diagnosed condition. Appellant stated that he felt tense and stressful at work, and the stress contributed to his stroke. The initial question is whether he identified compensable work factors as causing stress. As noted above, not every alleged work factor is a compensable work factor. The brief statement that appellant felt stress “to complete the work at prescribed time” does not provide a sufficient description of the alleged work factor. To the extent that he is alleging an emotional reaction to his workload, he must provide a detailed allegation or supporting evidence.¹⁰ Appellant does not discuss his job duties or explain how the job duties caused stress.

Once a compensable work factor is established, then the medical evidence must establish a diagnosed condition causally related to the identified employment factor. In this case the evidence indicates that appellant suffered an ischemic stroke on January 14, 2014, but provides no probative medical opinion as to causal relationship with his employment. Drs. Weiss, Watts, Liese and Haleem diagnose an ischemic stroke or CVA, without discussing causal relationship. Such an opinion would have to be based on a complete background, which in this case includes a history of hypertension and diabetes. None of the physicians of record discuss causal relationship between a stroke on January 14, 2014 and appellant’s employment. The Board finds that appellant has not submitted sufficient evidence to establish an ischemic stroke as causally related to his federal employment.

With respect to the factual evidence, the Board notes that appellant alleged that he fell to the floor on January 14, 2014, and no contrary evidence was presented. It is not clear whether appellant is alleging that the fall itself caused any injury. The January 14, 2014 report from Dr. Watts noted that appellant reported left shoulder and neck pain, although Dr. Watts did not comment on whether he felt there was an injury resulting from the actual fall to the floor. An injury from the fall itself would raise an issue as to whether the fall was idiopathic or unexplained. An idiopathic fall occurs when a personal, nonoccupational pathology causes an employee to collapse and to suffer injury upon striking the immediate supporting surface, and there is no intervention or contribution by any hazard or special condition of the employment. The injury is not a personal injury while in the performance of duty as it does not arise out of a risk connected with the employment.¹¹ In this regard the Board notes that, if the fall was caused by the stroke, then it is an idiopathic fall and an injury from the fall is not compensable unless the stroke is employment related. As noted above, the evidence of record does not establish the January 14, 2014 ischemic stroke as employment related.

It is appellant’s burden of proof to establish his claim for compensation. The factual and medical evidence of record is not sufficient to meet appellant’s burden of proof in this case.

On appeal, appellant states that because of a work change from his previous office to the current office he was under increased stress that led to his stroke. The evidence of record, as explained above, does not establish a compensable work factor with respect to the claim for compensation.

¹⁰ See *Sherry L. McFall*, 51 ECAB 436 (2000).

¹¹ *John R. Black*, 49 ECAB 624, 626 (1998). An injury from a fall whose cause is unexplained is covered under FECA. *Id.*

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 has not established a stroke causally related to factors of his federal employment.

ORDER

IT IS HEREBY ORDERED THAT the decision of the Office of Workers' Compensation Programs dated June 26, 2014 is affirmed.

Issued: January 2, 2015
Washington, DC

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

Colleen Duffy Kiko, Judge
Employees' Compensation Appeals Board

Patricia Howard Fitzgerald, Judge
Employees' Compensation Appeals Board