

snow and ice covered roads. Appellant advised that she first became aware of her condition and its relation to her federal employment on December 12, 2013. She did not stop work.

By letter dated June 17, 2014, OWCP notified appellant that evidence was insufficient to establish the claim because no medical evidence was received. It advised her of the type of medical evidence needed to establish her claim.

An April 25, 2014 treatment plan from her healthcare provider noted that appellant had upper arm pain. It also noted that she was diagnosed with myalgia.

In a June 30, 2014 report, Dr. Nathan Groebner, Board-certified in diagnostic radiology, advised that an x-ray of the left shoulder revealed no fracture or dislocation. He further advised that the glenohumeral joint was normal and there were mild hypertrophic changes in the acromioclavicular joint.

In a July 1, 2014 report, Dr. Annette Schmit-Cline, a family medicine practitioner, advised that appellant complained of left shoulder pain since December 12, 2013. She noted that appellant's injury was caused by driving on snow covered roads and holding mail packs for delivery. On physical examination, Dr. Schmit-Cline found that the neck, trapezial ridge, and bicipital groove showed no tenderness, but the posterior rotator cuff showed moderate tenderness. She noted that the left shoulder was normal with no gross deformity, erythema, edema, ecchymosis, atrophy, or fasciculation. Dr. Schmit-Cline advised that there was active abduction to 100 degrees and no impingement signs. She assessed rotator cuff tendinitis.

A July 10, 2014 physical therapy report cosigned by Dr. Schmit-Cline was also submitted. It advised that appellant's symptoms were caused by hazardous driving conditions including excess snow and ice. It noted that she had to drive from the passenger seat, but the steering wheel and brakes were on the driver's side. It further noted that appellant's symptoms improved as driving conditions improved.

By decision dated September 8, 2014, OWCP denied appellant's claim because medical evidence did not establish that the medical condition was caused by work-related events.

LEGAL PRECEDENT

An employee seeking benefits under FECA has the burden to establish 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, that an injury was sustained in the performance of duty as alleged and that any disabilities and/or specific conditions for which compensation is claimed are causally related to the employment injury.² 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.³

² *Elaine Pendleton*, 40 ECAB 1143 (1989).

³ *Victor J. Woodhams*, 41 ECAB 345 (1989).

Whether an employee actually sustained an injury in the performance of duty begins with an analysis of whether fact of injury has been established. To establish an occupational disease claim, an employee must submit: (1) a factual statement identifying employment factors alleged to have caused or contributed to the presence or occurrence of the disease or condition; (2) medical evidence establishing the presence or existence of the disease or condition for which compensation is claimed; and (3) medical evidence establishing that the diagnosed condition is causally related to the employment factors identified by the employee.⁴

Causal relationship is a medical issue and the evidence generally required to establish causal relationship is rationalized medical opinion evidence. Rationalized medical opinion evidence is generally required to establish causal relationship. The opinion of the physician must be based on a complete factual and medical background, 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.⁵ 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.⁶

ANALYSIS

Appellant claimed that she began experiencing left arm pain on December 12, 2013 while driving her postal vehicle on snow and ice covered roads. There is no dispute that she drove a vehicle as a part of her job and that she sometimes encountered difficult road conditions. However, the medical evidence is insufficient to establish that the medical condition was causally related to the accepted work conditions.

Dr. Groebner's June 30, 2014 report is of limited probative value as it does not support that factor of appellant's employment caused or aggravated a diagnosed left arm condition. The Board has held that a report without an opinion as to causal relationship is of little probative value.⁷ The April 25, 2014 healthcare provider treatment plan is not probative medical evidence as there is no indication that it is from a physician.⁸

In her July 1, 2014 report, Dr. Schmit-Cline advised that appellant complained of left shoulder pain since December 12, 2013. She noted that appellant's injury was caused by driving on snow covered roads and holding mail packs for delivery and assessed rotator cuff tendinitis. Although Dr. Schmit-Cline causally related appellant's condition to the work events, she does not provide adequate medical rationale. She did not explain how driving on snow covered roads

⁴ *R.H.*, 59 ECAB 382 (2008); *Ernest St. Pierre*, 51 ECAB 623 (2000).

⁵ *I.J.*, 59 ECAB 408 (2008); *supra* note 3.

⁶ *James Mack*, 43 ECAB 321 (1991).

⁷ *See Jaja K. Asaramo*, 55 ECAB 200 (2004) (medical evidence that does not offer an opinion regarding the cause of an employee's condition is of limited probative value on the issue of causal relationship).

⁸ *See Charley V.B. Harley*, 2 ECAB 208, 211 (1949) (where the Board held that medical opinion, in general, can only be given by a qualified physician).

caused or contributed to appellant's diagnosed condition. As a result, Dr. Schmit-Cline's report is insufficient to discharge appellant's burden of proof. The July 10, 2014 physical therapy report signed by her also attributed appellant's condition to hazardous driving conditions. Although this report explained that appellant was required to drive from the passenger side while the steering wheel and brakes were on the driver's side, there is no medical rationale explaining how this caused or contributed to appellant's rotator cuff tendinitis.

Consequently, appellant has submitted insufficient medical evidence to establish her claim. As noted, causal relationship is a medical question that must be established by probative medical opinion from a physician.⁹ The physician must accurately describe appellant's work duties and medically explain the pathophysiological process by which these duties would have caused or aggravated her condition.¹⁰ Because appellant has not provided such medical opinion evidence in this case, she has failed to meet her burden of proof.

Appellant may submit new evidence or argument as part of a formal 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 she sustained an occupational disease caused by work-related events.

⁹ See *supra* note 5.

¹⁰ *Solomon Polen*, 51 ECAB 341 (2000) (rationalized medical evidence must relate specific employment factors identified by the claimant to the claimant's condition, with stated reasons by a physician). See also *S.T.*, Docket No. 11-237 (issued September 9, 2011).

ORDER

IT IS HEREBY ORDERED THAT the September 8, 2014 decision of the Office of Workers' Compensation Programs is affirmed.

Issued: June 3, 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