United States Department of Labor
Employees' Compensation Appeals Board

S.C., Appellant	)	
and	)	**Docket No. 16-0002**
	)	**Issued: November 25, 2015**
U.S. POSTAL SERVICE, POST OFFICE, Westbury, NY, Employer	)	

Appearances:
Appellant, pro se
Office of Solicitor, for the Director

Case Submitted on the Record

DECISION AND ORDER

Before:
CHRISTOPHER J. GODFREY, Chief Judge
ALEC J. KOROMILAS, Alternate Judge
VALERIE D. EVANS-HARRELL, Alternate Judge

JURISDICTION

On October 2, 2015 appellant timely appealed the September 21, 2015 merit decision of the Office of Workers' Compensation Programs (OWCP). Pursuant to the Federal Employees' Compensation Act[1] (FECA) and 20 C.F.R. §§ 501.2(c) and 501.3, the Board has jurisdiction over the merits of this case.

ISSUE

The issue is whether appellant sustained an injury in the performance of duty on February 16, 2015.

FACTUAL HISTORY

On February 23, 2015 appellant, then a 69-year-old sales, services, and distribution associate, filed a traumatic injury claim (Form CA-1) for an unspecified injury. He claimed to have been injured while outside unloading a truck on the dock. Appellant described it as a "full and heavy load," and also noted that it was very cold outdoors, "may be (*sic*) negative degrees."

[1] 5 U.S.C. § 8101 *et seq.*

On the Form CA-1 the employing establishment indicated that appellant was unloading a truck in extreme cold weather when he began to feel faint.

OWCP received a February 17, 2015 discharge notice indicating that appellant had been admitted the previous day. There was no additional information regarding a diagnosis and/or specific treatment received. Appellant also submitted two February 17, 2015 prescriptions. One prescription was for aspirin, and the other was for Simvastatin.

On February 25, 2015 OWCP advised appellant that the evidence received thus far was insufficient to support his traumatic injury claim. It afforded him at least 30 days in which to submit additional factual information regarding the alleged employment incident, as well as additional medical evidence regarding his claimed condition(s).

OWCP subsequently received emergency medical services (EMS) records, as well as hospital (Nassau University Medical Center -- NUMC) records regarding appellant's February 16 to 17, 2015 admission.

An EMS crew encountered appellant at 8:32 a.m. on February 16, 2015. Appellant's chief complaint was "[syncope - I am dizzy]". His symptoms included dizziness, general weakness, lightheadedness, fatigue, and syncope. When EMS arrived appellant was sitting in a chair complaining of dizziness and weakness of a few minutes duration. Appellant advised EMS that he had been outside in the cold lifting boxes. He denied having lost consciousness. Appellant also denied shortness of breath, chest pain, nausea/vomiting, and trauma. The EMS report further noted that appellant presented with cool and pale skin, bradycardia, and hypotension. Although the initial electrocardiogram results showed bradycardia, appellant's heart rate soon returned to normal sinus rhythm. The EMS report also noted that he stated that he felt much better after having a bowel movement. Additionally, appellant denied any prior medical history, medications, or allergies. He was transported without incident. Appellant arrived at NUMC emergency department at 9:10 a.m. By then he had no complaints. Appellant's diagnosis was presyncope.

The NUMC treatment records noted that appellant had complained of dizziness and tingling in both hands. Appellant was identified as a 68-year-old male who had been at work unloading a mail truck. He reported that it was very cold and the boxes were heavy. Appellant began feeling numbness in both hands, and then dizziness. He reportedly went inside and laid down. EMS informed the hospital staff that when they first encountered appellant he was bradycardia in the forties and hypotensive in the sixties. Appellant then went to the bathroom and had a bowel movement, and afterwards appellant began to feel better. By the time he arrived at the hospital, he was asymptomatic.

There was some question as to whether appellant lost consciousness. Appellant denied it, but his wife advised the hospital staff that appellant's coworker stated that he may have lost consciousness. NUMC treatment records also noted that appellant advised that he does not have breakfast in the morning. Appellant also reported having previously experienced dizziness with exertion, but he did not seek medical attention at the time. Although asymptomatic, he was admitted to the hospital for continuous cardiac monitoring (telemetry) because of the possibility

that he may have experienced a transient ischemic attack.[2] An echocardiogram was administered and appellant also had a neurological consultation with Dr. Nadeem Shabbir, a Board-certified neurologist. No neurological problems were noted. Dr. Shabbir surmised that appellant's presyncope was probably due to bradycardia and hypothermia.[3] From a neurological standpoint, he cleared appellant for discharge.

On February 17, 2015 appellant was discharged by Dr. Roman Zeltser, a Board-certified internist with a subspecialty in cardiovascular disease, with a principal diagnosis of near syncope, "secondary to low temperature outside." He was advised to avoid dehydration, stay warm, wear protective clothing outdoors, and to follow-up with his primary care physician.

In an April 7, 2015 decision, OWCP acknowledged receiving "hospital treatment notes dated [February 16, 20015]." It denied appellant's claim because he did not provide additional information regarding the alleged February 16, 2015 employment incident. OWCP found that the events of February 16, 2015 remained unclear, and therefore, he failed to establish the factual component of his claim. It also noted that, although the hospital treatment records included a final diagnosis of near syncope, there was no rationalized medical opinion explaining how the reported findings were either caused or aggravated by appellant's February 16, 2015 employment exposure.

OWCP subsequently received appellant's March 23, 2015 statement. Appellant explained that on February 16, 2015 at approximately 8:30 a.m., he was unloading a truck with heavy mail containers like cages, flat sequencing system (F.S.S.) casters, and postal containers (Postcons). He further indicated that, with great difficulty, he and the driver were able to get a few items from the truck to the lift, then to the dock, and then inside. Appellant also noted that his fingers got numb and his body got weak, and he could not do anything more. He indicated that he went inside and told the postmaster and leaned against the postcon. Appellant did not recall what happened afterwards. He indicated that by the time he realized it, EMS, the police, and the postmaster were next to him. Appellant was placed on a stretcher, taken to the hospital, and discharged the following day. He indicated that he saw his personal physician on February 20, 2015, and per his doctor's instructions, appellant reported for duty on February 23, 2015, at which time the postmaster filled out Form CA-1.

OWCP also received a one-page, NUMC discharge plan with a final diagnosis of syncope and collapse. The February 17, 2015 discharge instructions indicated that appellant could resume normal activity. Appellant was also instructed to continue his medications, avoid dehydration, wear protective clothes to go outside, and to follow-up with his primary care physician.

On February 20, 2015 appellant had a follow-up appointment with Dr. Daniel M. Appelbaum, a Board-certified internist with a subspecialty in cardiovascular disease.

[2] The preliminary admitting diagnoses included syncope, prediabetes, pulmonary atelectasis, atelectasis, hyperglycemia, and near syncope. A February 16, 2015 chest x-ray revealed a liner density/opacity at the left base that was thought to represent either a consolidation or atelectasis.

[3] Appellant's body temperature upon arrival in the emergency department was 95 degrees Fahrenheit.

Dr. Appelbaum noted that appellant was a postal worker who was recently admitted to NUMC. He reported that appellant had been working outdoors in extremely cold weather when his hands felt numb and he felt dizzy. Dr. Appelbaum further noted that appellant was taken by ambulance to the hospital and was admitted overnight. The results of an echocardiogram revealed normal left ventricle, enlarged right ventricle, dilated right atrium, mild mitral insufficiency, mild-to-moderate mitral annular calcifications, mild aortic regurgitation, and mildly elevated pulmonary artery pressure. Dr. Appelbaum explained that the work-up and laboratory results were unremarkable, and appellant was discharged to home. Since then there were no recurring symptoms. Dr. Appelbaum opined that appellant's dizziness was most likely related to doing heavy work in the extreme cold. Because appellant's condition improved and had not recurred, there was no need for further work-up. Dr. Appelbaum noted additional problems of mild mitral and aortic insufficiency, as demonstrated by appellant's recent echocardiogram.

On July 20, 2015 appellant requested reconsideration of the April 7, 2015 decision.

By decision dated September 21, 2015, OWCP reviewed the merits, but continued to deny appellant's traumatic injury claim. It modified the April 7, 2015 decision to reflect that he satisfied the factual component of the claim based on his March 23, 2015 statement. However, OWCP found that the medical evidence failed to establish a causal relationship between appellant's accepted occupational exposure and the diagnosed condition(s). It explained that his physician did not provide an opinion supported by medical rationale which explained how unloading a truck in cold weather caused, aggravated, or contributed to the diagnosed condition(s).

LEGAL PRECEDENT

A claimant seeking benefits under FECA 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 determine if an employee sustained a traumatic 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 that must be considered in conjunction with one another. The first component is whether the employee actually experienced the employment incident that allegedly occurred.[5] The second component is whether the employment incident caused a personal injury.[6] An employee may establish that an injury occurred in the performance of duty

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

[5] *Elaine Pendleton*, 40 ECAB 1143 (1989).

[6] *John J. Carlone*, 41 ECAB 354 (1989). Causal relationship is a medical question that generally requires rationalized medical opinion evidence to resolve the issue. *See Robert G. Morris*, 48 ECAB 238 (1996). A physician's opinion on whether there is a causal relationship between the diagnosed condition and the implicated employment factor(s) must be based on a complete factual and medical background. *Victor J. Woodhams*, 41 ECAB 345, 352 (1989). Additionally, the physician's 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 factor(s). *Id.*

as alleged, but fail to establish that the disability or specific condition for which compensation is being claimed is causally related to the injury.[7]

ANALYSIS

OWCP accepted that the February 16, 2015 employment incident occurred as alleged. Appellant was outdoors unloading a truck in what he described as very cold, possibly sub-zero conditions. He reported feeling numbness and tingling in his bilateral upper extremities, as well as dizziness. Appellant was transported *via* ambulance to the NUMC emergency department, and was subsequently admitted for observation. The following day he was discharged with a diagnosis of near syncope. Appellant's condition and/or symptoms appeared to have resolved without residuals. The issue currently before the Board is whether the medical evidence establishes a causal relationship between appellant's pre-syncope episode and his accepted February 16, 2015 occupational exposure.

As noted, causal relationship is a medical question that generally requires rationalized medical opinion evidence to resolve the issue.[8] A physician's opinion on causal relationship must be based on a complete factual and medical background.[9] The mere fact that a condition manifests itself during a period of employment is not sufficient to establish causal relationship.[10] Temporal relationship alone will not suffice.[11] Furthermore, appellant's personal belief that his employment activities either caused or contributed to his condition is insufficient, by itself, to establish causal relationship.[12]

Dr. Shabbir, a neurologist, who examined appellant during his February 16 to 17, 2015 hospitalization, found no neurological problems and surmised that appellant's pre-syncope was probably due to bradycardia and hypothermia. However, he provided no explanation of how appellant's employment exposure was sufficient to either cause or contribute to his transient bradycardia and/or low body temperature and resultant pre-syncope.

Dr. Zeltser, the NUMC cardiologist, provided a discharge diagnosis of syncope "secondary to low temperature outside." Also, Dr. Appelbaum, appellant's cardiologist, opined that his dizziness was most likely related to doing heavy work in the extreme cold. However, neither physician offered an explanation for their respective opinions on causal relationship.

A physician's 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

[7] *Shirley A. Temple,* 48 ECAB 404, 407 (1997).

[8] *Robert G. Morris*, *supra* note 6.

[9] *Victor J. Woodhams*, *supra* note 6.

[10] 20 C.F.R. § 10.115(e).

[11] *See D.I.*, 59 ECAB 158, 162 (2007).

[12] *Id.*; *Phillip L. Barnes*, 55 ECAB 426, 440 (2004).

between the diagnosed condition and appellant's specific employment factor(s).[13] In this instance, the above-referenced reports do not adequately explain how appellant's specific duties on February 16, 2015 either caused or contributed to the pre-syncope episode he experienced at work that morning.

The Board finds that the medical evidence of record fails to establish that appellant's pre-syncope episode was causally related to his February 16, 2015 accepted employment exposure. Accordingly, appellant has failed to meet his burden of proof.

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

Appellant failed to establish that he sustained an injury in the performance of duty on February 16, 2015.

ORDER

IT IS HEREBY ORDERED THAT the September 21, 2015 decision of the Office of Workers' Compensation Programs is affirmed.

Issued: November 25, 2015
Washington, DC

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

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

Valerie D. Evans-Harrell, Alternate Judge
Employees' Compensation Appeals Board

[13] *Victor J. Woodhams*, *supra* note 6.