



## **FACTUAL HISTORY**

On April 21, 2014 appellant, then a 60-year-old sheet metal mechanic, filed an occupational disease claim (Form CA-2) alleging that he developed head and neck pain as a result of having to work with his arms over his head and look up. He first became aware of his condition on January 1, 1987 and of its relationship to his employment on January 10, 2014.<sup>3</sup> Appellant first sought medical treatment for the head and neck pain on November 15, 2002. The claim form did not indicate that he had stopped work. In support of his claim, appellant submitted an official position description for a sheet metal mechanic.

By letter dated May 6, 2014, OWCP informed appellant that the evidence of record was insufficient to support his claim. Appellant was advised of the factual and medical evidence needed and was afforded 30 days to respond.

By letter dated May 12, 2014, the employing establishment controverted the claim.

In a May 16, 2014 narrative statement, appellant provided a detailed description of his employment duties and the tools he used. He stated that he worked full time Monday through Thursday, 10 hours daily. Appellant stated that he was constantly exposed to harmful chemicals and used pneumatic tools which were heavy, loud, and vibrated in his hands. His duties also entailed going up and down stairs, lifting heavy equipment, bending, stooping, twisting, and turning. Appellant stated that his employment duties resulted in his injuries which forced him to start cutting back his hours. He provided official position descriptions, pictures of the tools he used, and explanations pertaining to the frequency and mechanics of each of his work-related tasks. Appellant also provided numerous x-ray images of the cervical and lumbar spine. The images were not accompanied by a medical report interpreting the findings and did not identify a physician or note the date of study.

Documentation was also provided dated July 16, 2014 indicating that appellant was to be separated from his employment as a sheet metal mechanic, effective July 25, 2014, due to his physical inability to perform the duties of that position.

OWCP received medical evidence in support of appellant's claim. In a February 6, 2013 medical report, Dr. Eryn Stansfield, Board-certified in occupational medicine, reported that appellant complained of right shoulder and elbow pain. Appellant stated that earlier that morning he was performing work as a sheet metal mechanic and felt immediate pain in his posterior right shoulder girdle when lifting a heavy part. He also complained of pain radiating to his right elbow. Appellant denied prior injuries to the shoulder and noted a history of chronic neck pain. Dr. Stansfield diagnosed work-related right sided tendinitis rotator cuff with signs of impingement.

In a May 21, 2014 medical report, Dr. Jeffery Lee DeGrauw, Board-certified in family medicine, reported that appellant was his patient for several years and was permanently disabled.

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<sup>3</sup> By letter dated May 19, 2014, appellant informed OWCP that he mistakenly noted January 1, 1987 as the date he became aware that his condition was caused by his employment. He stated that the correct date was January 10, 2014.

He noted that appellant experienced numbness, tingling, and pain involving the tips of his fingers and earlobes. In March 2011, Dr. DeGrauw diagnosed appellant with Raynaud's syndrome. He reported that appellant had no prior similar symptoms and opined that Raynaud's syndrome was caused by the use of pneumatic tools. Dr. DeGrauw further noted that the continual use of these pneumatic tools could eventually lead to amputation of the fingers due to its effect on circulation. He further diagnosed chronic degenerative joint disease in multiple areas of the body including the lower back, upper back, neck, shoulders, wrists, and elbows. Chronic problems related to the neck and back stemmed back to 2002. Dr. DeGrauw explained that appellant's work as a sheet metal mechanic for the past 30 years involved lifting heavy items weighing 150 to 175 pounds, frequent bending and stooping approximated at 80 degree angles for 70 to 80 percent of the day, and frequent bending over using pneumatic bands to apply sheet metal. He noted that the repetitive heavy lifting involved multiple aspects of his body including his lower back, upper back, neck, shoulders, wrists, and elbows.

Dr. DeGrauw also diagnosed tendinitis and carpal tunnel syndrome in the hands and elbows, stemming back to 2013. He explained that appellant's job involved gripping and handling tools 100 percent of the time. Dr. DeGrauw further noted issues with chronic migraine and tension headaches. He reported that over the past several years, appellant had been seen and treated for the various above mentioned-illnesses by neurology, orthopedics, and primary care physicians which were too numerous to be documented. Dr. DeGrauw concluded that appellant was unable to work and was permanently disabled.

By decision dated July 30, 2014, OWCP denied appellant's claim finding that the evidence did not establish that the occupational exposure occurred as alleged. It also found that he failed to establish a firm medical diagnosis which could be reasonably attributed to the alleged occupational exposure.

On August 4, 2014 appellant, through his representative, requested an oral hearing before an OWCP hearing representative.

In support of his claim, appellant submitted a January 27, 2015 medical report from Dr. DeGrauw. Dr. DeGrauw reported that appellant presented with tendinitis, shoulder pain, and follow-up regarding multiple medical concerns. He noted that appellant was limited due to chronic pain and immobility involving his hands, elbows, and neck with resulting paresthesia. Dr. DeGrauw was further limited from standard activities like typing or fine motor motion due to his radiculopathy of the neck and arthralgia. He reported that appellant was hard of hearing as a result of his loud work environment and disabled due to progressive Alzheimer's-type dementia, the cause of which was unconfirmed as being chemical or environmental exposure related. Dr. DeGrauw found appellant to be permanently disabled based on repetitive ongoing physical examination history. He provided findings on physical examination and noted a history of sinus surgery in 2001 and 2003 as well as bilateral shoulder surgery in 2013. Dr. DeGrauw diagnosed cervicalgia stemming back to November 14, 2007 and opined that appellant's neck pain was related to abnormal exposures associated with work. He also diagnosed Alzheimer's dementia and generalized degenerative joint disease of the hand, noting severe limitations of functional ability with his upper extremities.

A hearing was held on March 11, 2015. Appellant's spouse testified as a witness on behalf of the claim. At the hearing, appellant testified regarding his federal employment and work exposure. He stated that he worked 10 hours a day and overtime two days a week, averaging about 50 to 60 hours a week. Appellant noted he was a sheet metal mechanic since 1985 and began to experience head and neck pain soon after he started working. He explained that he did bench work which meant he had to sit on a bench and keep his head bent over for most of the day as he worked on tools. Appellant described his employment duties and stated that he sought treatment for his neck and head pain beginning in 1986. In 1989, he was in a nonindustrial hot air balloon accident which caused him greater head and neck pain. Appellant stated that he sought treatment with Dr. DeGrauw in 1999 and was subsequently referred to a neurologist who found arthritis in the neck and post disc based on magnetic resonance imaging (MRI) scan findings. In 2014, he filed an occupational disease claim after Dr. DeGrauw informed him that his head and neck injuries were from years of work-related repetitive motion. The hearing representative advised appellant and his representative of the evidence needed to establish his claim. The record was held open for 30 days.

By decision dated May 26, 2015, OWCP hearing representative affirmed the July 30, 2014 decision finding that appellant failed to establish a firm medical diagnosis which could be reasonably attributed to the accepted federal employment duties.

### **LEGAL PRECEDENT**

An employee seeking benefits under FECA has the burden of establishing 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 filed within the applicable time limitation; that an injury was sustained while in the performance of duty as alleged; and that any disability or specific condition for which compensation is claimed are causally related to the employment injury.<sup>4</sup> These are the essential elements of each and every compensation claim regardless of whether the claim is predicated on a traumatic injury or occupational disease.<sup>5</sup>

In order to determine whether an employee actually sustained an 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 which must be considered in conjunction with one another. The first component to be established is that the employee actually experienced the employment incident which is alleged to have occurred.<sup>6</sup> The second component is whether the employment incident caused a personal injury and generally can be established only by medical evidence.

To establish that an injury was sustained in the performance of duty in a claim for occupational disease, 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

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<sup>4</sup> *Gary J. Watling*, 52 ECAB 278 (2001); *Elaine Pendleton*, 40 ECAB 1143, 1154 (1989).

<sup>5</sup> *Michael E. Smith*, 50 ECAB 313 (1999).

<sup>6</sup> *Elaine Pendleton*, *supra* note 4.

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.<sup>7</sup>

To establish a causal relationship between the condition, as well as any attendant disability claimed and the employment event or incident, the employee must submit rationalized medical opinion evidence based on a complete factual and medical background, supporting such a causal relationship.<sup>8</sup> The opinion of the physician must be based on a complete factual and medical background of the claimant, 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. This medical opinion must include an accurate history of the employee's employment injury and must explain how the condition is related to the injury. 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.<sup>9</sup>

### ANALYSIS

OWCP accepted that appellant engaged in repetitive activities as a sheet metal mechanic. The issue, therefore, is whether he submitted sufficient medical evidence to establish that the employment exposure caused head and neck injuries. The Board finds that appellant did not submit sufficient medical evidence to support that he sustained head and neck injuries causally related to factors of his federal employment as a sheet metal mechanic.<sup>10</sup>

In support of his claim, appellant submitted medical reports from his treating physician dated May 21, 2014 and January 27, 2015 from Dr. DeGrauw. The Board notes that he is alleging neck and head injuries in this occupational disease claim, File No. xxxxxx967. Specifically, appellant has alleged that repetitive bench work caused him neck and head pain due to constantly having to keep his head bent when working on tools. Thus, Dr. DeGrauw's opinions pertaining to other conditions not claimed as work related in this claim are irrelevant and of no probative value to the issue of whether appellant's head and neck injuries are caused by his occupational employment duties.

In his May 21, 2014 report, Dr. DeGrauw provided various diagnoses including Alzheimer's-type dementia,<sup>11</sup> Raynaud's syndrome, chronic degenerative joint disease in multiple areas of the body including the lower back, upper back, neck, shoulders, wrists, and

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<sup>7</sup> See *Roy L. Humphrey*, 57 ECAB 238, 241 (2005); *Ruby I. Fish*, 46 ECAB 276, 279 (1994).

<sup>8</sup> See 20 C.F.R. § 10.110(a); *John M. Tornello*, 35 ECAB 234 (1983).

<sup>9</sup> *James Mack*, 43 ECAB 321 (1991).

<sup>10</sup> See *Robert Broome*, 55 ECAB 339 (2004).

<sup>11</sup> The Board notes that appellant has not alleged a neurological disorder in this claim. Thus, the Board will not address findings made pertaining to his Alzheimer's-type dementia.

elbows, tendinitis and carpal tunnel syndrome in the hands and elbows, and chronic migraine and tension headaches.

The Board finds that Dr. DeGrauw's report is insufficient to establish that appellant's head and neck injuries resulted from his federal employment duties.<sup>12</sup> Dr. DeGrauw failed to provide a detailed medical history, review of diagnostic reports, or findings on physical examination. While he generally noted that he treated appellant for several years, the record does not contain medical examination findings and reports which actually establish the various diagnoses provided. Moreover, it appears that Dr. DeGrauw did not base his opinion on his own findings on examination as the physician vaguely noted treatment and findings by neurology orthopedics, and primary care physicians which were too numerous to document. Greater probative value is given to a medical opinion based on an actual examination. An opinion based on a cursory or incomplete examination will have less value compared to an opinion based on a more complete evaluation.<sup>13</sup>

The Board notes that Dr. DeGrauw failed to cite specific objective evidence documenting appellant's head and neck injuries. Dr. DeGrauw noted that appellant's job involved gripping and handling tools 100 percent of the time and diagnosed chronic migraine and tension headaches. The record contains no other medical reports documenting treatment of these conditions, making it unclear what diagnostic reports or examination findings he utilized to ascertain the various diagnoses. An explanation not supported by physical findings does not constitute a well-rationalized medical opinion.<sup>14</sup> Moreover, Dr. DeGrauw failed to provide any opinion on the cause of these conditions. His vague inference provided by noting appellant's occupational duties is insufficient to establish a firm medical diagnosis which can be related to appellant's occupational duties.<sup>15</sup>

Dr. DeGrauw further diagnosed chronic degenerative joint disease in multiple areas of the body including the lower back, upper back, neck, shoulders, wrists, and elbows. With respect to degenerative joint disease of the neck, the record fails to contain any objective evidence or physical examination findings to establish a firm medical diagnosis. Dr. DeGrauw's general statement that repetitive lifting involved multiple aspects of the body is equivocal in nature. He noted a history of issues related to neck pain since 2002. Dr. DeGrauw failed to provide an adequate and detailed medical history and did not address why appellant's complaints were not caused by a preexisting degenerative condition. His report provided no discussion regarding whether preexisting degenerative joint disease had progressed beyond what might be expected from the natural progression of that condition.<sup>16</sup> A well-rationalized opinion is

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<sup>12</sup> *C.B.*, Docket No. 09-2027 (issued May 12, 2010); *S.E.*, Docket No. 08-2214 (issued May 6, 2009).

<sup>13</sup> Federal (FECA) Procedure Manual, Part 2 -- Claims, *Developing and Evaluating Medical Evidence*, Chapter 2.810.6(a)(4) (September 2010).

<sup>14</sup> *Id.* at Chapter 2.810.6(a)(2).

<sup>15</sup> *S.Y.*, Docket No. 11-1816 (issued March 16, 2012).

<sup>16</sup> *R.E.*, Docket No. 14-868 (issued September 24, 2014).

particularly warranted when there is a history of a preexisting condition.<sup>17</sup> While Dr. DeGrauw had some understanding of appellant's employment duties,<sup>18</sup> he failed to establish a firm medical diagnosis and did not provide a rationalized opinion on causal relationship. Thus, his medical report does not constitute probative medical evidence because he fails to provide a clear diagnosis and does not adequately explain the cause of appellant's injury.<sup>19</sup>

Dr. DeGrauw's January 27, 2015 report is also insufficient to establish appellant's claim. He noted that appellant was limited due to chronic pain and immobility involving his hands, elbows, and neck with resulting paresthesia. Appellant was further limited from standard activities like typing or fine motor motion due to radiculopathy of the neck and arthralgia. Dr. DeGrauw found appellant to be permanently disabled based on his repetitive and ongoing physical examination history. He diagnosed cervicalgia stemming back to November 14, 2007 and opined that his neck pain was related to abnormal exposures associated with work.

While Dr. DeGrauw's report noted current physical examination findings, he failed to provide a thorough review of appellant's medical history. He reported that the cervicalgia stemmed back to November 14, 2007 yet failed to provide any other information pertaining to the history of injury involving the neck. Furthermore, it appears that Dr. DeGrauw did not have an accurate medical history as his report failed to mention the 1999 nonindustrial hot air balloon accident which appellant reported caused him greater neck and head pain. Medical conclusions based on an incomplete or inaccurate factual background are of limited probative value.<sup>20</sup>

The Board further notes that Dr. DeGrauw's diagnoses of chronic neck pain with resulting paresthesia and arthralgia are of no probative value. The Board has consistently held that pain and spasm are generally descriptions of symptoms and are not, in themselves, considered firm medical diagnoses.<sup>21</sup> Dr. DeGrauw's diagnoses of radiculopathy of the neck and cervicalgia are also insufficient to establish a firm medical diagnosis as the physician failed to detail any objective findings and diagnostic reports to establish these conditions.<sup>22</sup> When noting appellant's cervicalgia diagnosis, he opined that appellant's neck pain was related to abnormal exposures associated with work. Furthermore, Dr. DeGrauw failed to detail appellant's employment duties and only generally noted abnormal exposures associated with work. His statement on causation fails to provide a sufficient explanation as to the mechanism of injury

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<sup>17</sup> The Board has held that an opinion that a condition is causally related because the employee was asymptomatic before the injury is insufficient, without adequate rationale, to establish causal relationship. *T.M.*, Docket No. 08-975 (issued February 6, 2009); *Michael S. Mina*, 57 ECAB 379 (2006).

<sup>18</sup> Dr. DeGrauw explained that appellant's work as a sheet metal mechanic for the past 30 years involved lifting heavy items weighing 150 to 175 pounds, frequent bending over and stooping approximated at 80 degree angles for 70 to 80 percent of the day, and frequent bending over using pneumatic bands to apply sheet metal.

<sup>19</sup> *Ceferino L. Gonzales*, 32 ECAB 1591 (1981).

<sup>20</sup> *S.R.*, Docket No. 14-1086 (issued February 26, 2015).

<sup>21</sup> See *B.P.*, Docket No. 12-1345 (issued November 13, 2012) (regarding pain); *C.F.*, Docket No. 08-1102 (issued October 10, 2008) (regarding pain); *J.S.*, Docket No. 07-881 (issued August 1, 2007) (regarding spasm).

<sup>22</sup> *C.F.*, *R.G.*, Docket No. 14-113 (issued April 25, 2014).

pertaining to this occupational disease claim, namely, how repetitive bending, stooping, or bench work would cause or aggravate appellant's cervicalgia.<sup>23</sup> Dr. DeGrauw's reports are insufficient to establish appellant's claim as the physician failed to provide examination findings, a detailed medical history, description of the employment incident, review of diagnostic studies, and an explanation of how appellant's conditions were caused or aggravated by his repetitive employment duties.<sup>24</sup> Any medical opinion evidence appellant may submit to support his claim should reflect a correct history and offer a medically sound explanation by the physician of how the specific employment incident, in particular physiologically, caused or aggravated his head and neck injury.<sup>25</sup> Dr. DeGrauw's reports do not meet that standard and are thus insufficient to meet appellant's burden of proof.

The remaining medical evidence of record is also insufficient to establish appellant's claim. Dr. Stansfield's February 6, 2013 report pertains to right shoulder and elbow pain as a result of a work-related traumatic injury. Findings made pertaining to the right shoulder tendinitis rotator cuff are irrelevant and have no bearing on this occupational disease claim for head and neck pain as a result of his repetitive employment duties.<sup>26</sup> As noted above, additional diagnoses provided by Dr. DeGrauw that do not relate to the head and neck injuries alleged by appellant in this claim are also of no probative value.<sup>27</sup> It is appellant's burden to specify the nature of his claim.<sup>28</sup>

The Board has held that the mere fact that a condition manifests itself during a period of employment does not raise an inference of causal relation.<sup>29</sup> An award of compensation may not be based on surmise, conjecture, speculation, or on the employee's own belief of causal relation.<sup>30</sup> To establish a firm medical diagnosis and causal relationship, appellant must submit a physician's report in which the physician reviews those factors of employment alleged to have caused his condition and, taking these factors into consideration, as well as findings upon examination and his medical history, explain how these employment factors caused or aggravated any diagnosed condition, and present medical rationale in support of his opinion.<sup>31</sup>

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<sup>23</sup> *S.W.*, Docket 08-2538 (issued May 21, 2009).

<sup>24</sup> *See L.M.*, Docket No. 14-973 (issued August 25, 2014); *R.G.*, *supra* note 22; *K.M.*, Docket No. 13-1459 (issued December 5, 2013); *A.J.*, Docket No. 12-548 (issued November 16, 2012).

<sup>25</sup> *T.G.*, Docket No. 14-751 (issued October 20, 2014).

<sup>26</sup> The Board notes that at the March 11, 2015 hearing, appellant's representative testified that he had a previous work-related shoulder injury for which he underwent surgery. The record before the Board contains no other information pertaining to this claim.

<sup>27</sup> The Board notes that Dr. DeGrauw's January 27, 2015 report also provided diagnoses of Alzheimer's dementia and degenerative joint disease of the hand.

<sup>28</sup> *O.S.*, Docket No. 13-438 (issued July 15, 2014).

<sup>29</sup> *Daniel O. Vasquez*, 57 ECAB 559 (2006).

<sup>30</sup> *D.D.*, 57 ECAB 734 (2006).

<sup>31</sup> *Supra* note 6.

In the instant case, the record is without rationalized medical evidence establishing a diagnosed medical condition causally related to the accepted federal employment duties. OWCP advised appellant of the type of medical evidence required to establish his claim; however, he failed to submit such evidence. Thus, appellant has failed to meet his burden of proof.

Appellant may submit additional evidence, together with a written request for reconsideration, to OWCP within one year of the Board's merit decision, pursuant to 5 U.S.C. § 8128(a) and 20 C.F.R. §§ 10.606 and 10.607.

**CONCLUSION**

The Board finds that appellant failed to meet his burden of proof to establish that he developed neck and head injuries as a result of his federal employment duties.

**ORDER**

**IT IS HEREBY ORDERED THAT** the May 26, 2015 decision of the Office of Workers' Compensation Programs is affirmed.

Issued: October 26, 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