

causally related to employment factors. OWCP accepted the claim for aggravation of bilateral rheumatoid arthritis.

On January 25, 2014 appellant submitted a Form CA-7 requesting compensation for wage loss from January 11 to 24, 2014.

By letter to appellant dated February 21, 2014, OWCP requested additional factual and medical evidence to establish disability during the period claimed, including medical documentation to establish that she either had medical treatment or was unable to work as a result of her accepted work condition for all dates claimed. Appellant was afforded 30 days to submit the requested information.

In a report dated December 2, 2013, received by OWCP on March 6, 2014, Dr. David B. Maxwell, Board-certified in internal medicine and rheumatology, advised that he was treating appellant for rheumatoid arthritis. He noted that she was currently working, but was experiencing good days and bad days and had difficulty sustaining her employment. Appellant had pain in both hands and had restrictions placed upon her following a functional capacity evaluation (FCE), which made it impossible for her to continue driving a mail delivery route and handle mail. Dr. Maxwell reported that she began to experience rheumatoid arthritis in October 2012 and was diagnosed with rheumatoid arthritis in June 2013. He recommended that she discontinue driving a mail route to deliver mail given her permanent deformities and limitations in her hands and wrists.

In a February 17, 2014 report, received by OWCP on May 14, 2014, Dr. Maxwell noted that appellant continued to experience pain in her hands and wrists, but was told by a surgeon that he was unable to perform surgery on her wrists.

In an April 2, 2014 report, received by OWCP on August 4, 2014, Dr. Maxwell essentially reiterated his previous findings and conclusions. He advised that her degree of disability was significant and limited her ability to make a full fist formation to grip or lift anything greater than 10 pounds, climb, stand, or walk for prolonged periods, or work for more than two to three hours without rest. Dr. Maxwell noted that appellant had undertaken aggressive anti-inflammatory disease-modifying therapy, with only limited improvement. He reported that the slow deterioration of her functional ability was inevitable given her present arthritic symptoms.

Appellant also submitted several duty status reports (Form CA-17) from Dr. Maxwell in which he advised that her work activities were limited due to pain in her wrists causally related to her accepted rheumatoid arthritis condition and he outlined work restrictions.

By decision dated January 28, 2015, OWCP denied appellant's claim for compensation for wage loss from January 11 to 24, 2014, finding that the medical evidence failed to support disability.

On February 2, 2015 appellant requested reconsideration.

In a report dated February 10, 2015, Dr. Maxwell essentially reiterated his previous findings and conclusions. He related that appellant's diagnoses included rheumatoid arthritis and

severe destructive arthropathy of the wrists. Dr. Maxwell explained that he had recommended that appellant not continue driving a mail route given the permanent deformities and restrictions of her hands and wrists. He concluded that if his opinion did not provide sufficient documentation he would recommend referring appellant to a hand specialist for further evaluation and treatment.

By decision dated April 28, 2015, OWCP denied modification of the January 28, 2015 decision.

LEGAL PRECEDENT

It is the employee's burden of proof to establish disability during the period of time for which wage-loss compensation is claimed. The term "disability" is defined by implementing regulations as "the incapacity, because of an employment injury, to earn the wages the employee was receiving at the time of injury. It may be partial or total."² The Board has long held that whether a particular injury causes an employee disability for employment is a medical question which must be resolved by competent medical evidence.³

ANALYSIS

OWCP accepted appellant's claim for aggravation of bilateral rheumatoid arthritis. It asked appellant to submit medical evidence to support the period of disability claimed. The Board finds that appellant, however, did not provide a probative, rationalized medical opinion establishing that she was disabled for work due to the accepted condition for the period January 11 to 24, 2014.⁴

As noted above, to establish entitlement to compensation, an employee must establish through competent medical evidence that disability from work resulted from the employment injury.⁵ The Board will not require OWCP to pay compensation for disability in the absence of medical evidence directly addressing the specific dates of disability for which compensation is claimed. To do so would essentially allow an employee to self-certify his or her disability and entitlement to compensation.⁶ Appellant has the burden to demonstrate his disability for work based on rationalized medical opinion evidence. The issue of whether a claimant's disability is related to an accepted condition is a medical question which must be established by a physician who, on the basis of a complete and accurate factual and medical history, concludes that the disability is causally related to employment factors and supports that conclusion with sound

² 20 C.F.R. § 10.5(f).

³ See *Donald E. Ewals*, 51 ECAB 428 (2000).

⁴ *William C. Thomas*, 45 ECAB 591 (1994).

⁵ *Supra* note 3.

⁶ *Paul E. Thams*, 56 ECAB 503 (2005).

medical reasoning.⁷ There is no such evidence in this case. Appellant did not provide any medical opinion, with supporting rationale, establishing disability for the period claimed.

The only medical reports which described her conditions were the periodic reports from Dr. Maxwell. Dr. Maxwell advised that he was treating appellant for bilateral rheumatoid arthritis and noted that she was currently working, but was having difficulty performing her usual job as a letter carrier due to rheumatoid arthritis symptoms. He reported that she had restrictions placed upon her following an FCE, which made it impossible for her to handle mail and continue driving a mail delivery route.

Dr. Maxwell noted in his April 2, 2014 report that appellant's symptoms were significant and limited her ability make a full fist formation grip or lift anything greater than 10 pounds, climb, stand, or walk for prolonged periods. He advised that the slow deterioration of her functional ability was inevitable given her present arthritic symptoms. Dr. Maxwell provided restrictions to allow appellant to continue to work, however, he failed to establish total disability due to the accepted condition of aggravation of bilateral rheumatoid arthritis.⁸

OWCP continued to received medical reports from Dr. Maxwell which noted appellant's restrictions, but Dr. Maxwell never opined in any of his reports that appellant was totally disabled from work during the period claimed. Appellant has thus failed to establish that her accepted condition caused disability for the period claimed.⁹

CONCLUSION

The Board finds that appellant has not met her burden to establish disability from January 11 to 24, 2014.

⁷ *Howard A. Williams*, 45 ECAB 853 (1994).

⁸ *Id.*

⁹ The form reports from Dr. Maxwell which support causal relationship with a box marked "yes" are insufficient to establish the claim, as the Board has held that without further explanation or rationale, a checked box is not sufficient to establish causation. *Debra S. King*, 44 ECAB 203 (1992); *Salvatore Dante Roscello*, 31 ECAB 247 (1979).

ORDER

IT IS HEREBY ORDERED THAT the April 28, 2015 decision of the Office of Workers' Compensation Programs is affirmed.

Issued: January 5, 2016
Washington, DC

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

Colleen Duffy Kiko, Judge
Employees' Compensation Appeals Board

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