

she felt something rip in her shoulder as she was unloading her vehicle. She first received medical care on June 29, 2016 and stopped work on June 30, 2016.

In a June 29, 2016 urgent care report, Dr. Roy Dubash, Board-certified in family medicine, reported that appellant presented with a work-related injury when she bent over to pick up a tub of mail and developed pain in her right shoulder and upper back. He noted limited right shoulder range of motion and muscle tenderness to the right upper back. Dr. Dubash diagnosed right shoulder pain and discharged appellant with a treatment plan.

In a July 2, 2016 report prepared by a physician assistant that electronically signed by Dr. Robert N. Turner, Board-certified in family medicine, reported that appellant had presented to the emergency department with right shoulder pain onset three days prior after lifting a heavy load of mail at work. Appellant had no relief following her visit despite medication and use of a sling as directed. Dr. Turner noted decreased range of motion and tenderness over the anterior biceps tendon with ecchymosis present over the mid portion of the biceps with tenderness. He diagnosed right biceps tendon rupture and shoulder pain. In an accompanying workers' compensation form, Dr. Turner checked a box marked "yes" when asked if the right biceps tendon rupture and shoulder pain were work related, noting that the injury occurred after lifting a heavy object.

In an August 30, 2016 medical report, Dr. Michael G. Dennis, a Board-certified orthopedic surgeon, reported that appellant was a letter carrier and presented for a right shoulder evaluation. He explained that on June 28, 2016 she was lifting tubs into her truck at which time she felt something pop in her shoulder/arm. Appellant was treated in urgent care due to the development of significant pain and swelling. She experienced minimal relief and complained of continued pain with intermittent swelling of her upper arm. Dr. Dennis noted that x-rays of the right shoulder revealed no fractures, dislocations, or degenerative changes. He diagnosed right shoulder pain and internal derangement with likely long head biceps tendon tear. Dr. Dennis restricted appellant to light-duty work and ordered a magnetic resonance imaging (MRI) scan of the right shoulder and upper arm.

By letter dated October 26, 2016, OWCP informed appellant that the evidence of record was insufficient to support her claim. Appellant was advised of the factual and medical evidence necessary. She was afforded 30 days to submit the necessary evidence.

OWCP thereafter received additional medical evidence. In an October 19, 2016 diagnostic report received on November 1, 2016, Dr. Jonathan Luchs, a Board-certified diagnostic radiologist, reported that an MRI scan of the right arm revealed high signal within the deltoid and biceps muscles suggesting muscle strain and partially visualized superior paralabral ganglion.

In another October 19, 2016 diagnostic report, Dr. Luchs reported that an MRI scan of the right shoulder revealed supraspinatus tendinosis without full thickness tear, subdeltoid bursitis, and superior labral tear extending into paralabral ganglion in the spinoglenoid notch extending into suprascapular notch and intimate to the suprascapular neurovascular structures.

By decision dated November 29, 2016, OWCP denied appellant's claim as the evidence was insufficient to establish that she sustained an injury because she failed to submit any medical evidence containing a medical diagnosis in connection to the accepted June 29, 2016 employment incident. Thus, fact of injury was not established. OWCP further noted that the medical evidence submitted was from a physician assistant which is not considered a qualified physician under FECA unless the report is countersigned by a physician.

LEGAL PRECEDENT

An employee seeking benefits under FECA has the burden of proof 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 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.² These are the essential elements of each and every compensation claim regardless of whether the claim is predicated on a traumatic injury or an occupational disease.³

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.⁴ The second component is whether the employment incident caused a personal injury and generally can be established only by medical evidence.

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.⁵ 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.⁶

² *Gary J. Watling*, 52 ECAB 278 (2001); *Elaine Pendleton*, 40 ECAB 1143, 1154 (1989).

³ *Michael E. Smith*, 50 ECAB 313 (1999).

⁴ *Elaine Pendleton*, *supra* note 2.

⁵ *See* 20 C.F.R. § 10.110(a); *John M. Tornello*, 35 ECAB 234 (1983).

⁶ *James Mack*, 43 ECAB 321 (1991).

ANALYSIS

OWCP has accepted that appellant felt a rip in her right shoulder while she was unloading her postal vehicle on June 29, 2016. It denied the claim as she had not established a diagnosed medical condition causally related to this incident and; therefore, facts of injury was not established.

The Board finds that appellant failed to establish that she sustained an injury causally related to the accepted June 29, 2016 employment incident.

In support of her claim, appellant submitted multiple medical and diagnostic reports dated June 29 through October 29, 2016. In its November 29, 2016 decision, OWCP found that she failed to establish a firm medical diagnosis. It further noted that the medical evidence submitted was from a physician assistant which was not considered a qualified physician under FECA unless countersigned by a physician. The Board finds, however, that Dr. Turner's July 2, 2016 urgent care report establishes a sufficient diagnosis of right biceps tendon rupture.⁷ While the document was authored by a physician assistant, it was cosigned by Dr. Turner on July 2, 2016.⁸ Given that appellant has established a diagnosed condition, the question becomes whether the June 29, 2016 employment incident caused her right biceps tendon rupture. Thus, she must submit rationalized medical evidence to establish that her diagnosed medical condition is causally related to the June 29, 2016 employment incident.

In his July 2, 2016 urgent care report, Dr. Turner described the June 29, 2016 employment incident, provided findings on physical examination, and diagnosed right biceps tendon rupture. In an accompanying workers' compensation form, he checked the box marked "yes" when asked if the right biceps tendon rupture and shoulder pain were work related, noting that the injury occurred after lifting a heavy object. The Board has held that a report that addresses causal relationship with a checkmark, without medical rationale explaining how the work condition caused the alleged injury, is of diminished probative value and insufficient to establish causal relationship.⁹ Dr. Turner failed to explain the mechanism of injury by detailing how lifting a tub of mail would cause appellant's injury. Without explaining how the movements involved in the employment incident caused or contributed to the diagnosed condition, Dr. Turner's opinion is of limited probative value and insufficient to meet appellant's burden of proof.¹⁰

Dr. Dennis' August 30, 2016 medical report is also insufficient to establish causal relationship. While he provided a diagnosis of right shoulder internal derangement, he failed to provide an opinion on causal relationship. Dr. Dennis only generally repeated appellant's

⁷ *F.G.*, Docket No. 15-1712 (issued November 20, 2015).

⁸ *See D.D.*, 57 ECAB 734 (2006); *Merton J. Sills*, 39 ECAB 572, 575 (1988), (unsigned medical evidence with no adequate indication that it was completed by a physician is not considered probative medical evidence).

⁹ *See Calvin E. King, Jr.*, 51 ECAB 394 (2000); *see also Frederick E. Howard, Jr.*, 41 ECAB 843 (1990).

¹⁰ *See L.M.*, Docket No. 14-0973 (issued August 25, 2014); *R.G.*, Docket No. 14-0113 (issued April 25, 2014); *K.M.*, Docket No. 13-1459 (issued December 5, 2013); *A.J.*, Docket No. 12-0548 (issued November 16, 2012).

recitation of the employment incident. Such generalized statements do not establish causal relationship because they merely repeat her allegations and are unsupported by adequate medical rationale explaining how this physical activity actually caused the diagnosed conditions.¹¹ The Board has held that medical evidence that does not offer any opinion regarding the cause of an employee's condition is of limited probative value on the issue of causal relationship.¹² Thus, Dr. Dennis' report is of limited probative value and insufficient to meet appellant's burden of proof.¹³

The remaining medical evidence of record is also insufficient to establish appellant's claim. Dr. Dubash's June 29, 2016 urgent care report only provided a diagnosis of right shoulder pain. The Board has consistently held that pain is a symptom, rather than a compensable medical diagnosis.¹⁴ As Dr. Dubash is attributing appellant's symptoms to her employment duties rather than the diagnosed medical condition, any opinion on causal relationship is of limited probative value.¹⁵ Dr. Luchs' October 19, 2016 diagnostic reports are also insufficient to establish appellant's claim as the physician interpreted diagnostic imaging studies and provided no opinion on the cause of her injury.¹⁶

Although appellant has established a firm medical diagnosis of right biceps tendon rupture, the record, however, is without rationalized medical evidence establishing a causal relationship between the June 29, 2016 employment incident and her right shoulder injury. Thus, appellant has failed to meet her burden of proof.¹⁷

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. §§ 10.605 and 10.607.

CONCLUSION

The Board finds that appellant did not meet her burden of proof to establish that she sustained a right shoulder injury causally related to the accepted June 29, 2016 employment incident.

¹¹ *K.W.*, Docket No. 10-0098 (issued September 10, 2010).

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

¹³ *See supra* note 10.

¹⁴ *C.F.*, Docket No. 08-1102 (issued October 10, 2008).

¹⁵ *M.R.*, Docket No. 14-0011 (issued August 27, 2014).

¹⁶ *J.P.*, Docket No. 14-0087 (issued March 14, 2014).

¹⁷ Any medical opinion evidence appellant may submit to support her 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 her right shoulder injury. *T.G.*, Docket No. 14-0751 (issued October 20, 2014).

ORDER

IT IS HEREBY ORDERED THAT the November 29, 2016 decision of the Office of Workers' Compensation Programs is affirmed.¹⁸

Issued: December 19, 2017
Washington, DC

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

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

¹⁸ Colleen Duffy Kiko, Judge, participated in the original decision, but was no longer a member of the Board effective December 11, 2017.