

FACTUAL HISTORY

On February 6, 2017 appellant, then a 45-year-old senior special agent, filed a traumatic injury claim (Form CA-1) alleging that on July 5, 2016 he sustained tendinosis and a partial tear of a tendon in his left arm/elbow area when loading his luggage onto a truck as part of his preparation to depart on an assignment to Warsaw, Poland. He did not stop work.

By letter dated February 14, 2017, OWCP advised appellant of the type of evidence needed to establish his claim, particularly requesting that he submit a physician's reasoned opinion addressing how the alleged employment incident caused or aggravated a medical condition.

Appellant came under the treatment of Dr. Ranjan Maitra, a Board-certified orthopedist, on September 22, 2016, for a two-month history of right shoulder and left elbow pain. He reported handling luggage and baggage for his crew while traveling out of the country. Appellant noted lifting approximately 40 bags on top of a luggage cart with his left arm as they were handed to him from below. He also complained of pain on the superior aspect of the right shoulder. Appellant's history was significant for left shoulder arthroscopy in 2011.³ Dr. Maitra left elbow findings of pain on palpation of the lateral epicondyle. X-rays of the left elbow revealed no abnormalities. Dr. Maitra diagnosed right shoulder pain, elbow pain, and lateral epicondylitis of the left elbow. He provided a cortisone injection into the elbow for lateral epicondylitis, prescribed a tennis elbow strap, and referred him to a rehabilitation program. In a November 23, 2016 report, Dr. Maitra noted that appellant presented with persistent left elbow pain with dysfunction and left arm weakness. Appellant reported that his symptoms were present for six months occurring after an episode of lifting heavy luggage during a secret service security detail trip. He noted no improvement with the cortisone injection. Dr. Maitra noted left elbow findings of minimal pain to palpation, pain in the lateral epicondyle, normal motor function, and intact sensation. He diagnosed lateral epicondylitis of the left elbow and recommended a magnetic resonance imaging (MRI) scan. A December 10, 2016 MRI scan of the left elbow revealed tendinosis, partial tearing at the common extensor origin, and mild tendinosis of the common flexor origin.

On January 11, 2017 Dr. Maitra noted that appellant failed conservative treatment including cortisone injection, rehabilitation exercises, and a tennis elbow strap. Findings included tenderness on palpation of the lateral epicondyle, intact motor strength, and intact sensation throughout the left arm. Dr. Maitra noted left elbow MRI scan findings of tendinosis and partial tearing of the common extensor origin. He recommended surgery for the persistent pain and dysfunction related to the chronic lateral epicondylitis. Dr. Maitra noted that appellant would be in a splint for four to six weeks after surgery and a retraining program over the subsequent three to six months. He diagnosed lateral epicondylitis of the left elbow and continued appellant's current work activities without restriction. In a work status note dated January 11, 2017, Dr. Maitra diagnosed left elbow epicondylitis and noted appellant's injury was work related. He indicated that appellant required surgery of the left elbow and would have restrictions on the left arm for two to three months postoperatively.

³ Appellant indicated that he was not claiming his shoulder conditions as being employment related.

In a March 27, 2017 decision, OWCP denied appellant's claim for compensation, finding that the medical evidence of record was insufficient to establish a medical condition causally related to the accepted work incident.

LEGAL PRECEDENT

An employee seeking benefits under FECA⁴ 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 of FECA, that an injury was sustained in the performance of duty as alleged, and that any disability and/or specific condition for which compensation is claimed are causally related to the employment injury. 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.⁵

To determine whether a federal employee has sustained a traumatic injury in the performance of duty, it first must be determined whether fact of injury has been established. There are two components involved in establishing fact of injury. First, the employee must submit sufficient evidence to establish that he or she actually experienced the employment incident at the time, place, and in the manner alleged. Second, the employee must submit medical evidence sufficient to establish that the employment incident caused a personal injury.⁶

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.⁷

ANALYSIS

It is undisputed that on July 5, 2016 appellant was loading luggage onto a truck in preparation for a travel assignment to Poland. However, appellant has not submitted sufficient medical evidence to establish that his claimed left elbow injury is causally related to the accepted July 5, 2016 employment incident.

Appellant submitted a September 22, 2016 report from Dr. Maitra who treated him for a two-month history of left elbow pain. He reported handling luggage and baggage for his crew while traveling out of the country. Appellant noted lifting approximately 40 bags on top of a luggage cart with his left arm as they were handed to him from below. Dr. Maitra diagnosed left elbow pain and lateral epicondylitis of the left elbow. On November 23, 2016 he treated appellant for persistent left elbow pain. Appellant reported a six-month history of left elbow

⁴ *Supra* note 1.

⁵ *Gary J. Watling*, 52 ECAB 357 (2001).

⁶ *T.H.*, 59 ECAB 388 (2008).

⁷ *I.J.*, 59 ECAB 408 (2008); *Victor J. Woodhams*, 41 ECAB 345 (1989).

pain occurring after an episode of lifting heavy luggage during a secret service security detail trip. Dr. Maitra again diagnosed left elbow lateral epicondylitis. However, he merely repeated the history of injury as reported by appellant without providing his own opinion regarding whether the diagnosed condition was work related. Dr. Maitra failed to provide a rationalized opinion regarding any causal relationship between appellant's lateral epicondylitis of the left elbow and the accepted employment incident.⁸ Therefore, his September 22 and November 23, 2016 reports are insufficient to meet appellant's burden of proof.

In a January 11, 2017 work status note, Dr. Maitra diagnosed left elbow epicondylitis and noted that appellant's injury was work related. He indicated that appellant would require left elbow surgery and would have work restrictions postoperatively. The Board finds that, although Dr. Maitra supported causal relationship, he did not provide medical rationale explaining the basis of his conclusory opinion regarding the causal relationship.⁹ Dr. Maitra did not explain how or why loading pieces of luggage onto a truck would cause or aggravate the diagnosed left elbow conditions. This report is thus insufficient to establish appellant's claim.

The additional medical reports contained in the record are also of limited probative value as they do not specifically address whether appellant's work duties caused or aggravated a diagnosed medical condition.¹⁰

Consequently, the Board finds that appellant failed to submit sufficient medical evidence to establish a left elbow injury causally related to the accepted employment incident of July 5, 2016.

On appeal appellant disagrees with OWCP's decision denying his claim for compensation and noted that he submitted sufficient evidence to establish his claim. As noted above, the medical evidence of record at the time of OWCP's March 27, 2017 decision does not establish that appellant's diagnosed left elbow condition is causally related to the July 5, 2016 employment incident. Reports from appellant's physicians failed to provide sufficient medical rationale explaining how or why appellant's left elbow condition is causally related to the accepted employment incident.

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.

⁸ *Franklin D. Haislah*, 52 ECAB 457 (2001) (medical reports not containing rationale on causal relationship are entitled to little probative value); *Jimmie H. Duckett*, 52 ECAB 332 (2001).

⁹ *See T.M.*, Docket No. 08-975 (issued February 6, 2009) (a medical report is of limited probative value on the issue of causal relationship if it contains a conclusion regarding causal relationship which is unsupported by medical rationale).

¹⁰ *A.D.*, 58 ECAB 149 (2006) (medical evidence which does not offer any opinion regarding the cause of an employee's condition is of limited probative value on the issue of causal relationship).

CONCLUSION

The Board finds that appellant has not met his burden of proof to establish a left elbow injury causally related to the accepted July 5, 2016 employment incident.

ORDER

IT IS HEREBY ORDERED THAT the March 27, 2017 decision of the Office of Workers' Compensation Programs is affirmed.

Issued: December 1, 2017
Washington, DC

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

Patricia H. Fitzgerald, Deputy Chief Judge
Employees' Compensation Appeals Board

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