



## **FACTUAL HISTORY**

On August 22, 2016 appellant, then a 51-year-old correctional supervisor, filed a traumatic injury claim (Form CA-1) alleging a right shoulder and upper arm strain occurred on August 17, 2016 while restraining an inmate. She explained that, after responding to a body alarm, she and another correctional officer were restraining an inmate. When the other officer let go of the inmate, appellant attempted to place both of her arms on the inmate and in the process, she overextended her right arm. She stopped work on August 17, 2016. Appellant did not submit any medical evidence with her Form CA-1.

In a September 6, 2016 letter, OWCP advised appellant of the need to submit medical evidence in support of her traumatic injury claim. It afforded her 30 days to submit the requested factual and medical documentation.

In response, appellant submitted hospital reports dated August 20, 2016 from Dr. Robert G. Brennan, a Board-certified internist and emergency medicine specialist, who noted that she had presented to the emergency department with right shoulder pain ongoing for the past three days. She reported that she “may have injured it when she was holding back an inmate during an altercation at work.” The hospital reports included an August 20, 2016 right shoulder x-ray which demonstrated no acute fracture or dislocation, but multiple-rounded fluffy calcifications adjacent to the greater tuberosity of the humeral head compatible with calcific tendinopathy. Dr. Brennan diagnosed acute right shoulder pain and took appellant off work until August 23, 2016.

OWCP also received a September 8, 2016 note from Dr. Jason Sanders, a Board-certified orthopedic surgeon, who indicated that appellant had been evaluated on September 7, 2016 and that she could return to work without restrictions.

By decision dated October 11, 2016, OWCP found that the August 17, 2016 employment incident occurred as alleged. However, it denied the claim because appellant failed to establish the medical component of fact of injury. OWCP noted that the medical evidence referenced “shoulder pain,” which was a symptom, not a specific medical diagnosis. Consequently, it found that appellant failed to establish that a medical condition had been diagnosed in connection with the August 17, 2016 employment incident.

On November 9, 2016 appellant requested reconsideration. She submitted a September 7, 2016 right shoulder x-ray that revealed calcific tendinitis. Appellant also submitted a September 7, 2016 narrative report from Dr. Sanders who noted that she reported an injury to the right shoulder on August 17, 2016 when she hyperextended her right shoulder while escorting an inmate at work. She denied any prior injury to the right shoulder and denied any previous symptoms in the right shoulder. Dr. Sanders reviewed appellant’s September 7, 2016 right shoulder x-ray and noted a calcific density in the subacromial space that was consistent with calcific tendinitis. His physical examination findings included positive Neer’s and Hawkin’s signs, but a negative O’Brien’s sign. There was no pain with shoulder abduction against resistance and no pain with shoulder external rotation against resistance with the shoulder at 90 degrees flexion. Dr. Sanders diagnosed right shoulder calcific tendinitis and impingement syndrome.

By decision dated February 16, 2017, OWCP modified its prior decision to find that appellant had established both the factual and medical components of fact of injury. However, it continued to deny her traumatic injury claim because she failed to meet her burden of proof to establish that the diagnosed right shoulder conditions were causally related to the August 17, 2016 employment incident. OWCP explained that, while Dr. Sanders' September 7, 2016 report was sufficient to establish the medical component of fact of injury, it was insufficient to establish causal relationship because other than noting appellant's reported history of injury, he did not offer his own opinion as to how the diagnosed right shoulder conditions were either caused or aggravated/worsened by the August 17, 2016 employment incident.

### **LEGAL PRECEDENT**

A claimant seeking benefits under FECA<sup>3</sup> has the burden of proof to establish 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.<sup>4</sup>

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.<sup>5</sup> The second component is whether the employment incident caused a personal injury.<sup>6</sup> An employee may establish that an injury occurred in the performance of duty as alleged, but fail to establish that the disability or specific condition for which compensation is being claimed is causally related to the injury.<sup>7</sup>

### **ANALYSIS**

OWCP accepted that the August 17, 2016 employment incident occurred as alleged, and also accepted that there were medical diagnoses in connection with the employment incident. However, it denied appellant's traumatic injury claim because the medical evidence of record was insufficient to establish causal relationship between the diagnosed conditions and the accepted employment incident. The issue on appeal is whether appellant's right shoulder

---

<sup>3</sup> *Supra* note 1.

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

<sup>5</sup> *Elaine Pendleton*, 40 ECAB 1143 (1989).

<sup>6</sup> *John J. Carlone*, 41 ECAB 354 (1989). Causal relationship is a medical question that generally requires rationalized medical opinion evidence to resolve the issue. *Robert G. Morris*, 48 ECAB 238 (1996). A physician's opinion on whether there is 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.*

<sup>7</sup> *Shirley A. Temple*, 48 ECAB 404, 407 (1997).

conditions are causally related to the August 17, 2016 employment incident. The Board finds that she did not meet her burden of proof to establish causal relationship.

The Board finds that Dr. Brennan's August 20, 2016 finding of acute right shoulder pain is a description of a symptom rather than a clear diagnosis of a medical condition.<sup>8</sup> Moreover, the Board has held that the mere fact that appellant's symptoms arise during a period of employment or produce symptoms revelatory of an underlying condition does not establish causal relationship between her conditions and her employment factors.<sup>9</sup> Therefore, Dr. Brennan's August 20, 2016 opinion is insufficient to establish that she sustained employment-related right shoulder conditions.

In his September 7, 2016 narrative report, Dr. Sanders diagnosed right shoulder calcific tendinitis and impingement syndrome. He noted that appellant had reported an injury to the right shoulder on August 17, 2016 when she hyperextended her right shoulder while escorting an inmate at work. Dr. Sanders reported that she denied any prior injury to the right shoulder and denied any previous symptoms in the right shoulder, but other than noting her reported history of injury, he did not specifically address whether the diagnosed right shoulder conditions were causally related to the August 17, 2016 employment incident.<sup>10</sup> Therefore, the Board finds that the evidence from him is insufficient to establish that appellant's diagnosed right shoulder conditions are causally related to the August 17, 2016 work incident.

The fact that a condition manifests itself during a period of employment is not sufficient to establish causal relationship.<sup>11</sup> Temporal relationship alone will not suffice.<sup>12</sup> As appellant has not submitted any rationalized medical evidence to support her claim that she sustained right shoulder conditions causally related to the August 17, 2016 employment incident, she has failed to meet her 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**

The Board finds that appellant has not met her burden of proof to establish that her right shoulder conditions are causally related to the accepted August 17, 2016 employment incident.

---

<sup>8</sup> The Board has consistently held that pain is a symptom, rather than a compensable medical diagnosis. See *P.S.*, Docket No. 12-1601 (issued January 2, 2013); *C.F.*, Docket No. 08-1102 (issued October 10, 2008).

<sup>9</sup> See *Richard B. Cissel*, 32 ECAB 1910, 1917 (1981); *William Nimitz, Jr.*, 30 ECAB 567, 570 (1979).

<sup>10</sup> 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. See *M.W.*, Docket No. 17-0097 (issued April 11, 2017); *Willie M. Miller*, 53 ECAB 697 (2002).

<sup>11</sup> 20 C.F.R. § 10.115(e).

<sup>12</sup> See *D.I.*, 59 ECAB 158, 162 (2007).

**ORDER**

**IT IS HEREBY ORDERED THAT** the February 16, 2017 decision of the Office of Workers' Compensation Programs is affirmed.

Issued: July 12, 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