

time in the performance of duty. He related that he first became aware of his condition and that it was causally related to his federal employment on September 3, 2014. Appellant did not stop work. The employing establishment noted that he was allowed to sit 15 minutes per hour.

By letter dated November 18, 2016, OWCP advised appellant that no evidence had been submitted to establish his claim. It requested that he respond to the attached questionnaire in order to substantiate the factual elements of his claim and that he provide additional medical evidence to establish a diagnosed condition causally related to his federal employment. Appellant was afforded 30 days to submit additional evidence.

On November 28, 2016 appellant explained that he had been employed for over 20 years in a position that required him to perform prolonged standing and walking on concrete floors. He related that his tour was from 7:30 a.m. to 4:00 p.m. Appellant indicated that he was submitting medical evidence in support of his claim. He provided a position description for a building maintenance custodian.

Appellant provided various reports from Dr. Jimmy L. Gregory, a podiatrist. In an April 1, 2015 report, Dr. Gregory related that appellant complained of severe pain in the heel and arch on both feet, present for quite some time. Appellant claimed that the condition started while he was in active duty military from 1983 to 2001 when he was on his feet for most of the day. He currently worked at the employing establishment and stood up for most of the day. Dr. Gregory noted that appellant complained of pain at work and also described a fall down the stairs in 1985, which resulted in two broken ankles. Upon physical examination of appellant's feet, he reported severe pain with palpation of the plantar fascia from the central portion to the attachment to the heel. Neurological examination showed diminished vibratory perception. Dr. Gregory diagnosed bilateral plantar fasciitis, peripheral neuropathy, and bilateral ankle pain.

In April 9 and May 6, 2015 progress notes, Dr. Gregory reported examination findings of severe pain with palpation of the plantar medial aspect of both heels at the attachment of the plantar fascia to the calcaneal tubercle. He diagnosed bilateral plantar fasciitis. In an April 9, 2015 prescription note, Dr. Gregory prescribed bilateral foot and ankle orthotics.

Dr. Gregory related in a January 28, 2016 progress note that appellant complained of severe pain in both heels and some burning pain in his feet. He also indicated that the ankle and foot orthotics aggravated his feet. Upon physical examination, Dr. Gregory reported palpable pedal pulse and mildly diminished vibratory perception. He also noted severe pain with palpation of the plantar medial heel and in the area of the calcaneal nerve. Dr. Gregory diagnosed bilateral recalcitrant plantar fasciitis, bilateral medial calcaneal neuritis, and possible neuropathy.

Appellant underwent a right foot x-ray scan by Dr. Johnny Alexander, a Board-certified radiologist, who indicated in a February 19, 2016 report that appellant had a small plantar calcaneal spur.

In April 20 and 24, 2016 progress notes, Dr. Gregory noted that appellant complained of continued heel pain. Upon physical examination, he reported pain with palpation of the bilateral plantar fascial attachment to the calcaneus. Dr. Gregory indicated that radiographs revealed a

large calcaneal spur. He diagnosed recalcitrant bilateral plantar fasciitis with calcaneal spur. Dr. Gregory recommended that appellant continue physical therapy and a bilateral night splint.

Dr. Gregory diagnosed plantar fascial fibromatosis in a May 2, 2016 prescription note and recommended medical equipment for appellant's pain.

In a July 7, 2016 note, Dr. Gregory related appellant's complaints of severe pain of both heels. He reported palpable pedal pulses and severe pain with palpation of the plantar medial heel in the area of the distribution of the medial calcaneal nerve. Dr. Gregory diagnosed bilateral plantar fasciitis and bilateral calcaneal neuritis.

Dr. Gregory indicated in an October 24, 2016 note that appellant received some relief with injection, but still complained of foot pain, greater on the right than the left. Upon physical examination, he reported severe pain with palpation of the right heel and moderate pain of the left heel. Dr. Gregory diagnosed bilateral plantar fasciitis. He recommended that appellant continue with pain medication, work restrictions, and orthopedic shoes.

OWCP denied appellant's claim in a decision dated February 10, 2017. It accepted his employment duties as a labor custodian and that he sustained a bilateral foot condition, but denied his claim as the medical evidence submitted failed to establish that his condition was causally related to factors of his federal employment.

LEGAL PRECEDENT

An employee seeking benefits under FECA has the burden of proof to establish the essential elements of his or her claim by the weight of the reliable, probative, and substantial evidence² including that he or she sustained an injury in the performance of duty and that any specific condition or disability for work for which he or she claims compensation is causally related to that employment injury.³ In an occupational disease claim, appellant's burden requires submission of the following: (1) a factual statement identifying employment factors alleged to have caused or contributed to the presence or occurrence of the disease or 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.⁴

Causal relationship is a medical issue and the medical evidence generally required to establish causal relationship is rationalized medical opinion evidence.⁵ The opinion of the physician must be based on a complete factual and medical background of the employee, must be one of reasonable medical certainty, and must be supported by medical rationale explaining the

² *J.P.*, 59 ECAB 178 (2007); *Joseph M. Whelan*, 20 ECAB 55, 58 (1968).

³ *M.M.*, Docket No. 08-1510 (issued November 25, 2010); *G.T.*, 59 ECAB 447 (2008); *Elaine Pendleton*, 40 ECAB 1143, 1145 (1989).

⁴ *R.H.*, 59 ECAB 382 (2008); *Ernest St. Pierre*, 51 ECAB 623 (2000).

⁵ *I.R.*, Docket No. 09-1229 (issued February 24, 2010); *D.I.*, 59 ECAB 158 (2007).

nature of the relationship between the diagnosed condition and the specific employment factors identified by the employee.⁶

ANALYSIS

Appellant alleges that he developed a bilateral foot condition as a result of standing and walking for prolonged periods of time in the performance of his duties as a labor custodian. OWCP accepted the repetitive duties of a labor custodian and that he was diagnosed with bilateral plantar fasciitis, peripheral neuropathy, and bilateral ankle pain, but denied his claim because the medical evidence failed to establish that his bilateral foot condition was causally related to his employment duties.

The Board finds that appellant has not met his burden of proof to establish his occupational disease claim.

Appellant submitted a series of reports from Dr. Gregory dated April 1, 2015 to October 24, 2016. In the initial examination report, Dr. Gregory related appellant's complaints of severe pain in the heel and arch of both feet. Appellant indicated that the condition started while he was in active duty military from 1983 to 2001 and persisted to this day. Dr. Gregory noted that appellant currently worked for the employing establishment and stood up for most of the day. He also described that appellant fell down the stairs in 1985 and broke both his ankles. Dr. Gregory reported physical examination findings of severe pain with palpation of the plantar fascia, palpable pedal pulse, and mildly diminished vibratory perception. In an April 24, 2016 progress note, he indicated that radiographs showed a large calcaneal spur. Dr. Gregory diagnosed bilateral plantar fasciitis with calcaneal spur of the right foot. He recommended pain medication, orthotic shoes, and modified duty. Although Dr. Gregory accurately described that appellant's employment duties required standing for most of the day, he did not provide any opinion that the cause of appellant's bilateral foot condition was his employment. 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.⁷ Causal relationship is a medical question that must be established by probative medical opinion from a physician.⁸ A probative medical opinion from a physician is particularly warranted in this case since appellant has related that his bilateral foot condition initially started when he was in active duty military and that he previously broke both his ankles. Dr. Gregory failed to provide any medical explanation, based on medical rationale, as to how appellant's employment duties would have aggravated or contributed to his current bilateral foot condition.⁹

The only other medical evidence of record was the February 19, 2016 x-ray report from Dr. Alexander. This report noted a small plantar calcaneal spur, but offered no opinion regarding

⁶ *I.J.*, 59 ECAB 408 (2008); *Victor J. Woodhams*, 41 ECAB 465 (2005).

⁷ *C.B.*, Docket No. 09-2027 (issued May 12, 2010); *J.F.*, Docket No. 09-1061 (issued November 17, 2009); *A.D.*, 58 ECAB 149 (2006).

⁸ *W.W.*, Docket No. 09-1619 (issued June 2, 2010); *David Apgar*, 57 ECAB 137 (2005).

⁹ *See S.E.*, Docket No. 08-2214 (issued May 6, 2009); *T.M.*, Docket No. 08-0975 (issued February 6, 2009).

the cause of this condition. The Board has held that reports of diagnostic tests, are of limited probative value as they fail to provide an opinion on the causal relationship between appellant's employment duties and the diagnosed conditions. For this reason, this evidence is not sufficient to meet his burden of proof.¹⁰

On appeal appellant alleges that he has bilateral plantar fasciitis and pes planus as a result of prolonged standing and walking on concrete floor for over 20 years as part of his duties as a labor custodian. He noted that he researched articles, which showed that prolonged standing can cause pes planus and plantar fasciitis. However, materials from periodicals, journals and magazines are of no probative value to support a claim for compensation. Medical evidence must be in the form of rationalized opinion by a qualified physician based on a complete and accurate medical and factual history.¹¹

Neither the mere fact that a disease or condition manifests itself during a period of employment nor the belief that the disease or condition was caused or aggravated by employment factors or incidents is sufficient to establish a causal relationship.¹² Such a relationship must be shown by rationalized medical evidence of a causal relation based upon a specific and accurate history of employment conditions which are alleged to have caused or exacerbated a disabling condition.¹³ Because appellant has not submitted such rationalized medical evidence in this case, the Board finds that he has not met his burden of proof to establish his occupational disease claim.

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. §§ 10.606 through 10.607.

CONCLUSION

The Board finds that appellant has not met his burden of proof to establish a bilateral foot condition causally related to factors of his federal employment.

¹⁰ See *A.B.*, Docket No. 17-0301 (issued May 19, 2017).

¹¹ See *John D. Baskette*, 30 ECAB 761 (1979).

¹² *E.J.*, Docket No. 09-1481 (issued February 19, 2010).

¹³ *Patricia J. Bolleter*, 40 ECAB 373 (1988).

ORDER

IT IS HEREBY ORDERED THAT the February 10, 2017 decision of the Office of Workers' Compensation Programs is affirmed.

Issued: September 14, 2017
Washington, DC

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

Colleen Duffy Kiko, Judge
Employees' Compensation Appeals Board

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