

**United States Department of Labor  
Employees' Compensation Appeals Board**

A.J., Appellant	)	
	)	
and	)	Docket No. 19-1289
	)	Issued: December 31, 2019
U.S. POSTAL SERVICE, PEACHTREE	)	
PROCESSING & DISTRIBUTION CENTER,	)	
Atlanta, GA, Employer	)	
	)	

*Appearances:*  
*Appellant, pro se*  
*Office of Solicitor, for the Director*

*Case Submitted on the Record*

**DECISION AND ORDER**

Before:  
CHRISTOPHER J. GODFREY, Chief Judge  
ALEC J. KOROMILAS, Alternate Judge  
VALERIE D. EVANS-HARRELL, Alternate Judge

**JURISDICTION**

On May 21, 2019 appellant filed a timely appeal from a May 1, 2019 merit decision of the Office of Workers' Compensation Programs (OWCP). Pursuant to the Federal Employees' Compensation Act<sup>1</sup> (FECA) and 20 C.F.R. §§ 501.2(c) and 501.3, the Board has jurisdiction over the merits of this case.

**ISSUE**

The issue is whether appellant has met her burden of proof to establish a left upper lip laceration and the loss of her upper incisors causally related to the accepted February 1, 2018 employment incident.

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<sup>1</sup> 5 U.S.C. § 8101 *et seq.*

## **FACTUAL HISTORY**

On February 22, 2019 appellant, then a 54-year-old mail handler, filed a traumatic injury claim (Form CA-1) alleging that on February 1, 2018 she engaged in a conversation with a coworker, turned away and “face planted on the concrete floor” while in the performance of duty. She alleged that she split her lip requiring stitches and that she knocked out one tooth, chipped another, and loosened a third. Appellant provided a witness statement from C.H., a coworker, who reported that on February 1, 2018 appellant suddenly fell to the floor face-first, knocked out her front tooth, and cut her lip. C.H. noted that she was initially unconscious, but when she became conscious, she was combative and incoherent. He further related that an ambulance was called and appellant was taken to the hospital. On the reverse side of the claim form, appellant’s supervisor indicated that she was injured in the performance of duty. She stopped work on February 1, 2018 and returned to work on February 11, 2018.

In a March 25, 2019 development letter, OWCP advised appellant of the deficiencies of her claim. It requested additional factual and medical evidence and provided a questionnaire for appellant’s completion. OWCP afforded her 30 days to submit the necessary evidence.

Appellant submitted a narrative statement on April 24, 2018 and alleged that all of her medical tests were normal and that she did not have a medical condition that contributed to her fall on February 1, 2018.

In emergency room notes dated February 1, 2018, Dr. Marie Tabuteau-Howe, an osteopath specializing in emergency medicine, diagnosed seizure or syncope, one centimeter full-thickness lip laceration in the left upper corner of the mouth, and fractured or missing teeth including the upper right central incisor and upper left central incisor. On February 1, 2018 appellant’s full-thickness laceration to her upper lip was repaired in the emergency room. She also underwent a dental examination which found a fracture of the upper right central incisor and missing upper left central incisor.<sup>2</sup>

On February 2, 2018 Dr. Paul L. Douglass, a Board-certified internist, examined appellant and found stitches in her lip with swelling as well as missing teeth. He diagnosed syncope. Dr. Douglass reported that appellant sustained a laceration and loss of two front teeth after syncopal episode on February 3, 2018.

On February 1, 2, and 3, 2018 Dr. Rediet Gebeyehu, a Board-certified internist, diagnosed syncopal episode or seizure, hypothyroidism, facial trauma, and two missing teeth. She noted that appellant was standing at work when she suddenly “felt dizzy and light-headed.” Appellant blacked out falling face down on the floor. Coworkers reported abnormal body movements with eye rolling. Appellant’s coworkers also reported that she was confused after the episode. Dr. Gebeyehu noted that appellant lost her tooth post-trauma as it was found on the floor by coworkers. In appellant’s February 3, 2018 discharge summary, Dr. Gebeyehu diagnosed convulsive syncope, facial trauma, and hypothyroidism. She reported that appellant sought

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<sup>2</sup> On February 1, 2018 Dr. Michael Mendoza, a neurologist, completed an electroencephalogram which he found neither excluded nor supported a diagnosis of epilepsy. On February 3, 2018 he diagnosed convulsive syncope and found that appellant’s neurological examination was normal.

treatment after having a syncope or seizure at work which was witnessed by coworkers. Dr. Gebeyehu also described appellant's facial trauma with tooth loss as well as a lip laceration.

On February 19, 2018 Dr. Eric A. Odessey, a Board-certified plastic surgeon, examined appellant following facial trauma when she fell and struck the ground. He noted that she sustained a left upper lip laceration and lost several teeth. Dr. Odessey noted that appellant's teeth had not been repaired and that her left upper lip repair was intact with some scar depression on the mucosal side of her lip. On November 19, 2018 he performed an excision of the scar on appellant's left upper lip.

On February 27, 2018 Dr. Joseph A. Wapenski, a Board-certified neurologist, examined appellant due to her syncope on February 1, 2018. He noted that appellant was at work when she had onset of blurry vision and awoke in the emergency room. Coworkers informed appellant that she may have had a seizure. Appellant fell injuring her left upper lip as well as breaking her two front teeth. Dr. Wapenski diagnosed syncope convulsive without proven seizure disorder, possible sleep deprivation.<sup>3</sup>

By decision dated May 1, 2019, OWCP found that the February 1, 2018 employment incident occurred in the performance of duty, as alleged. It denied appellant's claim, however, finding that she had not submitted sufficient medical evidence to establish causal relation between her accepted February 1, 2018 employment incident and the diagnosed medical conditions.

### **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 timely filed within the applicable time limitation period of FECA,<sup>4</sup> that an injury was sustained in the performance of duty as alleged, and that any disability or medical condition for which compensation is claimed is causally related to the employment injury.<sup>5</sup> 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.<sup>6</sup>

To determine if an employee has sustained a traumatic injury in the performance of duty, OWCP begins with an analysis of whether fact of injury has been established. Fact of injury consists of two components that must be considered in conjunction with one another. The first

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<sup>3</sup> In a note dated November 6, 2018, Dr. Sonal R. Hazariwala, a Board-certified neurologist, diagnosed syncope. She opined that this was likely convulsive syncope related to poor potassium intake or dehydration.

<sup>4</sup> *S.B.*, Docket No. 17-1779 (issued February 7, 2018); *J.P.*, 59 ECAB 178 (2007); *Joe D. Cameron*, 41 ECAB 153 (1989).

<sup>5</sup> *J.M.*, Docket No. 17-0284 (issued February 7, 2018); *R.C.*, 59 ECAB 427 (2008); *James E. Chadden, Sr.*, 40 ECAB 312 (1988).

<sup>6</sup> *K.M.*, Docket No. 15-1660 (issued September 16, 2016); *L.M.*, Docket No. 13-1402 (issued February 7, 2014); *Delores C. Ellyett*, 41 ECAB 992 (1990).

component is whether the employee actually experienced the employment incident that allegedly occurred.<sup>7</sup> The second component is whether the employment incident caused a personal injury.<sup>8</sup>

To establish 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.<sup>9</sup> 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 nature of the relationship between the diagnosed condition and the specific employment factor(s) identified by the employee.<sup>10</sup> The weight of the 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.<sup>11</sup>

It is a well-settled principle of workers' compensation law, and the Board has so held, that an injury resulting from an idiopathic fall -- where a personal, nonoccupational pathology causes an employee to collapse and to suffer injury upon striking the immediate supporting surface, and there is no intervention or contribution by any hazard or special condition of employment -- is not within coverage of FECA.<sup>12</sup> Such an injury does not arise out of a risk connected with the employment and is, therefore, not compensable. The Board has made equally clear, the fact that the cause of a particular fall cannot be ascertained or that the reason it occurred cannot be explained, does not establish that it was due to an idiopathic condition. This follows from the general rule that an injury occurring on the industrial premises during working hours is compensable unless the injury is established to be within an exception to such general rule.<sup>13</sup> If the record does not establish that the particular fall was due to an idiopathic condition, it must be considered as merely an unexplained fall, one which is distinguishable from a fall in which it is definitely proved that a physical condition preexisted and caused the fall.<sup>14</sup>

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<sup>7</sup> *T.M.*, Docket No. 19-0380 (issued June 26, 2019); *Elaine Pendleton*, 40 ECAB 1143 (1989).

<sup>8</sup> *M.H.*, Docket No. 18-1737 (issued March 13, 2019); *John J. Carlone*, 41 ECAB 354 (1989).

<sup>9</sup> *S.A.*, Docket No. 18-0399 (issued October 16, 2018); *Robert G. Morris*, 48 ECAB 238 (1996).

<sup>10</sup> *M.V.*, Docket No. 18-0884 (issued December 28, 2018); *I.J.*, 59 ECAB 408 (2008); *Victor J. Woodhams*, 41 ECAB 345 (1989).

<sup>11</sup> *D.R.*, Docket No. 19-0954 (issued October 25, 2019); *James Mack*, 43 ECAB 321 (1991).

<sup>12</sup> *D.R.*, *id.*; *H.B.*, Docket No. 18-0278 (issued June 20, 2018); *see Carol A. Lyles*, 57 ECAB 265 (2005).

<sup>13</sup> *H.B.*, *id.*; *Dora J. Ward*, 43 ECAB 767, 769 (1992); *Fay Leiter*, 35 ECAB 176, 182 (1983).

<sup>14</sup> *H.B.*, *id.*; *John R. Black*, 49 ECAB 624 (1998); *Judy Bryant*, 40 ECAB 207 (1988); *Martha G. List*, 26 ECAB 200 (1974).

## ANALYSIS

The Board finds that appellant has met her burden of proof to establish a left upper lip laceration and the loss of her upper incisors causally related to the accepted February 1, 2018 employment incident.

The witness statement from C.H. related that, after appellant's fall on February 1, 2018, the employing establishment called the paramedics and appellant was transported to the emergency room. He noted that she had knocked out her front tooth and cut her lip.<sup>15</sup> Appellant provided emergency room and hospitalization notes from Drs. Tabuteau-Howe, Douglass, and Gebeyehu addressing her treatment from February 1 through 3, 2018. These physicians provided consistent diagnoses of lip laceration, repaired in the emergency room, as well as fractured or missing teeth including the upper right central incisor and upper left central incisor. Appellant continued to provide medical evidence from Dr. Wapenski, on February 27, 2018, opining that she fell injuring her left upper lip as well as breaking her two front teeth, and from Dr. Odessey on February 19 and November 19, 2018, addressing her fall, and lip laceration.

In clear-cut traumatic injury claims, where the fact of injury is established and is clearly competent to cause the condition described (for instance, a worker falls from a scaffold and breaks an arm), a fully-rationalized medical opinion is not needed. The physician's diagnosis and an affirmative statement are sufficient to accept the claim.<sup>16</sup>

The Board finds that appellant's lip was lacerated and her teeth were visibly broken or missing immediately following the accepted February 1, 2018 employment incident. Furthermore, a multitude of physicians provided clear descriptions of appellant's fall on February 1, 2018 as well as diagnoses of lip laceration and fractured or missing teeth including the upper right central incisor and upper left central incisor. The Board finds that this evidence is sufficient to meet appellant's burden of proof that she sustained injuries to her lip and teeth on February 1, 2018.<sup>17</sup>

As appellant has established that injuries resulted from the February 1, 2018 employment incident, the Board will, therefore, reverse OWCP's May 1, 2019 decision and remand the case for payment of medical costs and wage-loss compensation, if any.

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<sup>15</sup> The Board notes that, pursuant to OWCP procedures, where the condition reported is a minor one, such as a burn, laceration, insect sting or animal bite, which can be identified on visual inspection by a lay person, a case may be accepted without a medical report and no development of the case needs to be undertaken, if the injury was witnessed or reported promptly, and no dispute exists as to the occurrence of an injury; and no time was lost from work due to disability. Federal (FECA) Procedure Manual, Part 2 -- Claims, *Initial Development of Claims*, Chapter 2.800.6(a) (June 2011). *A.P.*, Docket No. 18-0238 (July 20, 2018). In this case, as appellant lost time from work from February 1 through 10, 2018, this provision is not applicable. *C.J.*, Docket No. 16-0055 (issued April 5, 2016).

<sup>16</sup> Federal (FECA) Procedure Manual, Part 2 -- Claims, *Causal Relationship*, Chapter 2.805.3.d(1) (January 2013).

<sup>17</sup> *D.W.*, Docket No. 10-0813 (issued November 3, 2010); *A.S.*, Docket No. 06-1244 (issued September 13, 2006).

**CONCLUSION**

The Board finds that appellant has met her burden of proof to establish a left upper lip laceration and the loss of her upper incisors causally related to the accepted February 1, 2018 employment incident.

**ORDER**

**IT IS HEREBY ORDERED THAT** the May 1, 2019 merit decision of the Office of Workers' Compensation Programs is reversed and this case is remanded for further proceedings consistent with this decision of the Board.

Issued: December 31, 2019  
Washington, DC

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

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

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