

performance of duty. He explained that, while he was in training status, he was working on his cardiovascular endurance on the treadmill at the gym when he pulled or strained his groin and possibly developed a hernia. Appellant stopped work the same day.

In medical reports dated January 6 and 8, 2016, Dr. Sushil Anand, a Board-certified pediatrician, noted that appellant was running and suddenly felt pain in his right groin area. Appellant informed Dr. Anand that he found a bulge in the right inguinal area that he never had before. Dr. Anand diagnosed a right inguinal hernia and reported that the history provided to him was consistent with his findings and symptoms.

In a January 11, 2016 a state workers' compensation form report, Dr. Anand reiterated a diagnosis of a right inguinal hernia caused when appellant was running on a treadmill at work on January 6, 2016. He also checked a box marked "yes" on the form report indicating his findings and diagnosis were consistent with appellant's account of his injury. In a diagnostic report of even date, Dr. Tanya Kisler, a Board-certified diagnostic radiologist, indicated that an ultrasound of appellant's right groin revealed a lymph node in the right inguinal area, but found no evidence of a mass, hernia or pathologic lymphadenopathy.

In January 15 and 22, 2016 medical reports, Dr. Allen Wang, Board-certified in family medicine, provided that appellant presented with pain located in the right groin area. He noted that the January 11, 2016 ultrasound of appellant's groin revealed an enlarged lymph node and no right inguinal hernia. Dr. Wang diagnosed right groin pain and referred appellant to physical therapy. In a January 15, 2016 medical note, he detailed work restrictions for appellant to follow.

Appellant submitted physical therapy treatment notes dated from January 25 to 29, 2016. He also submitted a January 29, 2016 medical report from Dr. Wang wherein he indicated that appellant had reached maximum medical improvement that day and had been released from his care.

In a December 21, 2018 statement, appellant requested that his case be reopened due to a misdiagnosis and that he was still experiencing complications.

In a development letter dated March 11, 2019, OWCP informed appellant that his claim initially appeared to be a minor injury that resulted in minimal or no lost time from work and that continuation of pay was not controverted by the employing establishment, and thus, limited expenses had therefore been authorized. However, a formal decision was now required. OWCP advised appellant of the type of factual and medical evidence required to establish his traumatic injury claim and requested a narrative medical report from his physician which provided the physician's rationalized medical explanation as to how the alleged employment incident caused his diagnosed condition. It afforded him 30 days to respond.

In an April 1, 2019 form report, Dr. Audra E. Ford, Board-certified in family medicine, diagnosed right groin pain and checked a box to indicate appellant's need for a referral or consultation. She released him to full-duty work without restrictions.

Angelica Ross, a physician assistant, noted on April 1, 2019, that appellant continued to experience discomfort and pain in the groin from a January 2016 injury. She diagnosed right groin pain.

By decision dated April 16, 2019, OWCP denied appellant's claim. It found that the medical evidence of record was insufficient to establish causal relationship between his diagnosed medical condition and the accepted work incident.

OWCP continued to receive evidence. Appellant provided a June 20, 2017 diagnostic report with no signature indicating that he underwent a magnetic resonance imaging (MRI) scan of his right hip and pelvis. The MRI scan revealed a near global tearing of the acetabular labrum, scattered areas of chondral loss and a small paralabral cyst alongside the anterior acetabulum.

On June 3, 2019 appellant requested reconsideration of OWCP's April 16, 2019 decision. Attached to his request was a May 16, 2019 e-mail from Dr. James Brown, Board-certified in family medicine. Dr. Brown explained that on January 6, 2016 appellant sustained a work-related injury involving his right inguinal region and subsequently followed the medical treatment and guidance provided by an approved workers' compensation facility. He related that the June 20, 2017 MRI scan of appellant's right hip revealed a near global tearing of his acetabular labrum, a small paralabral cyst and mild right hip osteoarthritis. Dr. Brown asserted that appellant had been his patient since 2005 and never had a right hip or groin complaint in that time. He concluded that in his medical opinion, appellant's January 6, 2016 injury was directly correlated with his current symptoms.

By decision dated July 31, 2019, OWCP denied modification of its April 16, 2019 decision.

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,² 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.³ 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.⁴

To determine whether a federal employee has sustained a traumatic injury in the performance of duty it must first be determined whether fact of injury has been established.⁵ First, the employee must submit sufficient evidence to establish that he or she actually experienced the

² *S.B.*, Docket No. 17-1779 (issued February 7, 2018); *J.P.*, 59 ECAB 178 (2007); *Joe D. Cameron*, 41 ECAB 153 (1989).

³ *J.M.*, Docket No. 17-0284 (issued February 7, 2018); *R.C.*, 59 ECAB 427 (2008); *James E. Chadden, Sr.*, 40 ECAB 312 (1988).

⁴ *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).

⁵ *D.B.*, Docket No. 18-1348 (issued January 4, 2019); *T.H.*, 59 ECAB 388, 393-94 (2008).

employment incident at the time, place, and in the manner alleged.⁶ Second, the employee must submit sufficient evidence to establish that the employment incident caused a personal injury.⁷

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 sufficient to establish such causal relationship.⁸ 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.⁹

ANALYSIS

The Board finds that appellant has not met his burden of proof to establish a right labrum injury causally related to the accepted January 6, 2016 employment incident.

In his May 16, 2019 e-mail, Dr. Brown discussed appellant's diagnosis of a near global tearing of appellant's acetabular labrum, a small paralabral cyst and mild right hip osteoarthritis and also reported a history of appellant's treatment in relation to the January 6, 2016 employment incident. He explained that appellant had been his patient since 2005 and never had a right hip or groin complaint. Dr. Brown opined that the January 6, 2016 employment injury directly correlated with his symptoms. The Board has held that an opinion that a condition is causally related to an employment injury because the employee was asymptomatic before the injury, but symptomatic after it is insufficient, without supporting rationale, to establish causal relationship.¹⁰ Without explaining how, physiologically, the movements involved in the employment incident caused or contributed to the diagnosed conditions, Dr. Brown's opinion is of limited probative value and insufficient to establish causal relationship.¹¹

Dr. Wang noted in medical reports dated from January 15 to 29, 2016 that appellant was experiencing pain located in the right groin area and indicated that a January 11, 2016 ultrasound of his groin revealed an enlarged lymph node and no right inguinal hernia. He diagnosed right groin pain. Similarly, Dr. Ford's April 1, 2019 progress report also provided a diagnosis of right groin pain. The Board has held that, under FECA, the assessment of pain is not considered a

⁶ *D.S.*, Docket No. 17-1422 (issued November 9, 2017); *Elaine Pendleton*, 40 ECAB 1143 (1989).

⁷ *B.M.*, Docket No. 17-0796 (issued July 5, 2018); *John J. Carlone*, 41 ECAB 354 (1989).

⁸ *K.V.*, Docket No. 18-0723 (issued November 9, 2018).

⁹ *I.J.*, 59 ECAB 408 (2008).

¹⁰ *M.B.*, Docket No. 19-0840 (issued October 2, 2019); *John F. Glynn*, 53 ECAB 562 (2002).

¹¹ *S.J.*, Docket No. 19-0696 (issued August 23, 2019); *M.C.*, Docket No. 18-0951 (issued January 7, 2019).

diagnosis, as pain merely refers to a symptom of an underlying condition.¹² Accordingly, Drs. Wang and Ford's medical reports are insufficient to establish appellant's burden of proof.

In medical evidence dated from January 6 to 11, 2016, Dr. Anand discussed a diagnosis of a right inguinal hernia caused when appellant was running on a treadmill at work on January 6, 2016. However, the subsequent diagnostic reports and medical evidence all contradict the diagnosis of an inguinal hernia and provide that there was no evidence of a hernia in appellant's right groin. Accordingly, Dr. Anand provides no rationalized medical opinion to support that appellant's alleged condition is causally related to the January 6, 2016 employment incident. As such, her reports are of limited probative value and are insufficient to establish appellant's claim.

Appellant also provided diagnostic reports dated January 11, 2016 and June 20, 2017. The Board has held that diagnostic tests lack probative value as they do not provide an opinion on causal relationship between appellant's employment duties and the diagnosed conditions.¹³

The remaining medical evidence consists of physical therapy notes and an April 1, 2019 medical report from Angelica Ross, a physician assistant. The Board has held that health care providers such as nurses, physician assistants, and physical therapists are not considered physicians under FECA.¹⁴ Thus, their opinions on causal relationship do not constitute rationalized medical opinions and have no weight or probative value.¹⁵

As appellant has not submitted rationalized medical evidence establishing that his conditions are causally related to the accepted January 6, 2016 employment incident, the Board finds that he has not met his burden of proof to establish his 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. §§ 10.605 through 10.607.

CONCLUSION

The Board finds that appellant has not met his burden of proof to establish a right labrum injury causally related to the accepted January 6, 2016 employment incident.

¹² *M.V.*, Docket No. 18-0884 (issued December 28, 2018). 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).

¹³ See *J.M.*, Docket No. 17-1688 (issued December 13, 2018).

¹⁴ 5 U.S.C. § 8102(2) of FECA provides that the term physician includes surgeons, podiatrists, dentists, clinical psychologists, optometrists, chiropractors, and osteopathic practitioners within the scope of their practice as defined by State law. See also *D.J.*, Docket No. 18-0593 (issued February 24, 2020) (physical therapists are not considered physicians under FECA); *K.C.*, Docket No. 19-0834 (issued October 28, 2019) (physician assistants are not considered physicians under FECA).

¹⁵ See *A.A.*, Docket No. 19-0957 (issued October 22, 2019); *Jane A. White*, 34 ECAB 515, 518 (1983).

ORDER

IT IS HEREBY ORDERED THAT the July 31, 2019 decision of the Office of Workers' Compensation Programs is affirmed.

Issued: March 18, 2020
Washington, DC

Janice B. Askin, Judge
Employees' Compensation Appeals Board

Patricia H. Fitzgerald, Alternate Judge
Employees' Compensation Appeals Board

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