



## ISSUE

The issue is whether appellant has met his burden of proof to establish a left hip condition causally related to the accepted May 21, 2018 employment incident.

## FACTUAL HISTORY

On May 22, 2018 appellant, then a 44-year-old mail carrier, filed a traumatic injury claim (Form CA-1) alleging that on May 21, 2018 he experienced pain in his left groin and hamstring when placing a mail bucket on the ground while in the performance of duty. On the reverse side of the claim form the employing establishment checked a box marked "No" in response to whether he was injured in the performance of duty, and noted that he did not report the cause of injury on the day the alleged accident occurred. Appellant stopped work on May 22, 2018.

In an accompanying narrative statement, appellant noted that, on May 21, 2018 at approximately 1:00 p.m., he placed a bucket of mail on the floor and experienced pain in his left groin and hamstring. He indicated that he continued to work and that he felt pain and discomfort throughout the day. Appellant related that he informed his supervisor of the employment incident at the end of his shift. He noted that his pain persisted through the next day and that he again informed the employing establishment of the employment incident.

In a statement dated May 22, 2018, appellant's supervisor noted that on May 21, 2018 appellant informed him in passing that appellant's left leg was hurting him and that it was nothing serious. He indicated that appellant informed him of the employment incident the next morning and that he submitted a detailed statement of the incident.

On May 22, 2018 the employing establishment executed an authorization for examination and/or treatment (Form CA-16) authorizing appellant to seek medical treatment for the alleged May 21, 2018 employment injury.

Appellant submitted a May 22, 2018 duty status report (Form CA-17) with an illegible signature, which diagnosed possible labral tear and indicated that he was not advised to resume work.

In a letter dated May 23, 2018, the employing establishment controverted appellant's claim. It asserted that he was not injured in the performance of duty as he reported the incident the day after it occurred. The employing establishment further noted that the medical documentation did not establish that appellant's condition was causally related to the alleged employment incident.

In a development letter dated May 25, 2018, OWCP informed appellant that the evidence of record was insufficient to establish his claim. It advised him of the type of factual and medical evidence needed and provided a questionnaire for his completion. OWCP afforded appellant 30 days to submit the necessary evidence.

OWCP subsequently received a May 24, 2018 report from Dr. John Hubbell, a Board-certified orthopedic surgeon, who noted that appellant experienced sharp, intermittent hip pain after placing a bucket of mail on the ground at work. Dr. Hubbell ordered a magnetic resonance imaging (MRI) scan, examined appellant and diagnosed left acetabular labrum tear.

In a May 30, 2018 work excuse note, Dr. Hubbell noted that appellant was fully disabled pending further evaluation. He anticipated that appellant could return to work on June 11, 2018.

An MRI scan of appellant's left hip, dated June 7, 2018, revealed a partial-thickness tear of the left anterior acetabular labrum, mild degenerative changes at both hips, and nonspecific distention of the bladder.

In a June 11, 2018 report, Dr. Hubbell noted that appellant's symptoms were unchanged. He reviewed an MRI scan of appellant's left hip and diagnosed left acetabular labrum tear. Dr. Hubbell referred appellant for physical therapy treatment. In an accompanying work excuse note, he indicated that appellant was fully disabled until further notice.

In a statement dated June 12, 2018, appellant responded to OWCP's development questionnaire. He noted that he felt pain in his left groin and hamstring after placing down a bucket of mail weighing 15 to 20 pounds. Appellant indicated that, before he left for the day, he informed his supervisor of the incident on May 21, 2018 and again on May 22, 2018. He stated that he did not have any similar or previous symptoms in his left groin and hamstring before the employment incident.

By decision dated July 6, 2018, OWCP denied appellant's traumatic injury claim, finding that, while the May 21, 2018 employment incident occurred as alleged, the medical evidence of record was insufficient to establish that his diagnosed condition was causally related to the accepted employment incident.

A left hip arthrogram, dated June 7, 2018, revealed diffuse degenerative changes and chronic enthesopathy.

In a June 11, 2018 Form CA-17 report, Dr. Hubbell diagnosed left hip labral tear and indicated that appellant was not advised to resume work. He checked a box marked "Yes" to indicate that appellant's injury corresponded to the described employment activity.

In a July 9, 2018 report, Dr. Hubbell noted that appellant experienced sharp, unchanged left hip pain. He examined appellant and diagnosed left acetabular labrum tear. Dr. Hubbell indicated that appellant was fully disabled until further notice.

On July 12, 2018 appellant requested a telephonic hearing before a representative of OWCP's Branch of Hearings and Review. On August 16, 2018 appellant withdrew his request for a telephonic hearing and requested reconsideration of the July 6, 2018 decision.

In a September 19, 2018 report, Dr. Hubbell noted that appellant experienced ongoing left hip pain. He examined appellant and diagnosed left acetabular labrum tear. Dr. Hubbell opined that appellant's labral tear was causally related to the accepted May 21, 2018 employment incident. In an accompanying work excuse note, he indicated that appellant was fully disabled for eight weeks.

By decision dated November 14, 2018, OWCP denied modification of the July 6, 2018 decision.

OWCP received a patient assessment, dated October 30, 2018, which listed findings for a proposed left hip arthroscopic labral debridement.

In a November 6, 2018 operative report, Dr. Hubbell noted the results of left hip arthroscopic partial capsular release, arthroscopic synovectomy with labral debridement and chondroplasty, and left hip arthrocentesis procedures. He listed postoperative diagnoses of left hip labral tear, left hip hypertrophic synovitis, left hip chondral damage, and left hip capsular contraction.

OWCP received anesthesia and postanesthesia records, dated November 6, 2018.

In a November 15, 2018 work excuse note, Dr. Hubbell noted that appellant was fully disabled until further notice following his left hip arthroscopy.

On November 15, 2018 Dr. Hubbell referred appellant for physical therapy treatment three times a week for six weeks.

In a December 13, 2018 work excuse note, Dr. Hubbell noted that appellant was totally disabled until further notice.

In a December 13, 2018 physical therapy order, Dr. Hubbell referred appellant for physical therapy treatment three times a week for six weeks.

In a February 13, 2019 work excuse note, Dr. Hubbell noted that appellant was capable of light-duty work since January 10, 2019. He opined that appellant should avoid twisting, squatting, lifting, and standing for more than 45 minutes.

In a February 13, 2019 physical therapy order, Dr. Hubbell ordered a lumbar MRI scan and physical therapy treatment for appellant's left acetabular labrum tear.

On September 6, 2019 appellant, through counsel, requested reconsideration of the November 14, 2018 decision. Counsel submitted a May 20, 2019 report from Dr. Hubbell who described the accepted employment incident and noted appellant's history of injury. Dr. Hubbell indicated that appellant's diagnoses included lumbar radiculopathy and left acetabular labrum tear. He opined that appellant's lumbar "radiculopathy was felt to be directly related to [appellant's] underlying labral tear" and that appellant's associated antalgic gait created increased stress on his lower lumbar spine which caused lumbar radiculopathy. Dr. Hubbell further opined that appellant's lumbar radiculopathy and left acetabular labrum tear were causally related to the May 21, 2018 employment incident.

By decision dated October 22, 2019, OWCP denied modification of the November 14, 2018 decision.

### **LEGAL PRECEDENT**

An employee seeking benefits under FECA<sup>4</sup> 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

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<sup>4</sup> *Supra* note 2.

United States within the meaning of FECA, that the claim was timely filed within the applicable time limitation period of FECA,<sup>5</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>6</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>7</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 component is whether the employee actually experienced the employment incident that allegedly occurred.<sup>8</sup> The second component is whether the employment incident caused a personal injury.<sup>9</sup>

Causal relationship is a medical question that requires rationalized medical opinion evidence to resolve the issue.<sup>10</sup> The opinion of the physician must be based on a complete factual and medical background of the claimant, 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 incident identified by the claimant.<sup>11</sup>

### ANALYSIS

The Board finds that appellant has not met his burden of proof to establish a left hip condition causally related to the accepted May 21, 2018 employment incident.

In support of his claim, appellant submitted a May 22, 2018 Form CA-17 report with an illegible signature, which diagnosed possible labral tear and indicated that he was not advised to resume work. The Board has held, however, that reports that are unsigned or that bear illegible signatures cannot be considered as probative medical evidence because they lack proper identification.<sup>12</sup> Accordingly, this report is of no probative value and is insufficient to meet appellant's burden of proof to establish his claim.

In reports dated May 24 through November 6, 2018, Dr. Hubbell diagnosed left acetabular labrum tear, left hip hypertrophic synovitis, left hip chondral damage, and left hip capsular contraction. While he described the employment incident in his May 24, 2018 report, he did not

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<sup>5</sup> *M.O.*, Docket No. 19-1398 (issued August 13, 2020); *S.B.*, Docket No. 17-1779 (issued February 7, 2018); *Joe D. Cameron*, 41 ECAB 153 (1989).

<sup>6</sup> *J.R.*, Docket No. 20-0496 (issued August 13, 2020); *R.C.*, 59 ECAB 427 (2008); *James E. Chadden, Sr.*, 40 ECAB 312 (1988).

<sup>7</sup> *B.M.*, Docket No. 19-1341 (issued August 12, 2020); *L.M.*, Docket No. 13-1402 (issued February 7, 2014); *Delores C. Ellyett*, 41 ECAB 992 (1990).

<sup>8</sup> *T.J.*, Docket No. 19-0461 (issued August 11, 2020); *Elaine Pendleton*, 40 ECAB 1143 (1989).

<sup>9</sup> *D.M.*, Docket No. 20-0386 (issued August 10, 2020); *John J. Carlone*, 41 ECAB 354 (1989).

<sup>10</sup> *A.R.*, Docket No. 19-0465 (issued August 10, 2020); *Jacqueline M. Nixon-Steward*, 52 ECAB 140 (2000).

<sup>11</sup> *W.L.*, Docket No. 19-1581 (issued August 5, 2020); *Leslie C. Moore*, 52 ECAB 132 (2000).

<sup>12</sup> *W.L.*, *id.*

offer an opinion as to whether appellant's diagnosed conditions were causally related to the employment incident in any of his reports. The Board has held that medical evidence that does not offer an opinion regarding the cause of an employee's condition is of no probative value on the issue of causal relationship.<sup>13</sup> Accordingly, these reports are insufficient to establish appellant's claim.

Similarly, appellant submitted work excuse notes and physical therapy orders by Dr. Hubbell, dated May 30, 2018 through February 13, 2019, which did not include a medical opinion as to whether his diagnosed conditions were causally related to the accepted employment incident. As such, these documents are of no probative value and are insufficient to meet his burden of proof.<sup>14</sup>

Appellant also submitted a June 11, 2018 Form CA-17 report from Dr. Hubbell who diagnosed left hip labral tear. Dr. Hubbell checked box marked "Yes" to indicate that appellant's injury corresponded to the described employment activity. The Board has held that when a physician's opinion on causal relationship consists only of checking a box marked "Yes" to a form question, without more by the way of medical rationale, that opinion is of limited probative value and is insufficient to establish causal relationship.<sup>15</sup> As such, this report by Dr. Hubbell is insufficient to establish appellant's claim.

In a report dated September 19, 2018, Dr. Hubbell diagnosed left acetabular labrum tear and opined that appellant's labral tear was causally related to the accepted May 21, 2018 employment incident. While he supported causal relationship, he offered only a conclusory statement devoid of medical rationale. Dr. Hubbell did not explain the medical mechanics of how the accepted employment incident of placing a 15 to 20 pound bucket of mail on the ground, was competent to cause appellant's left acetabular labrum tear. The Board has held that a medical report is of limited probative value on a given medical issue if it contains an opinion which is unsupported by medical rationale.<sup>16</sup> Consequently, Dr. Hubbell's opinion is insufficient to meet appellant's burden of proof.

In a report dated May 20, 2019, Dr. Hubbell described the employment incident and related appellant's history of injury. He indicated that appellant's diagnoses included lumbar radiculopathy and left acetabular labrum tear. Dr. Hubbell opined that appellant's underlying labral tear and his associated antalgic gait created increased stress on his lower lumbar spine which caused lumbar radiculopathy. He further opined that appellant's lumbar radiculopathy and left acetabular labrum tear were causally related to the May 21, 2018 employment incident. While Dr. Hubbell explained how appellant's labral tear caused his lumbar radiculopathy, he failed to explain how the accepted employment incident caused appellant's labral tear and merely offered a conclusory statement without medical rationale. As noted, a medical report is of limited

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<sup>13</sup> *L.B.*, Docket No. 19-1907 (issued August 14, 2020).

<sup>14</sup> *Id.*

<sup>15</sup> *M.S.*, Docket No. 20-0437 (issued July 14, 2020).

<sup>16</sup> *B.M.*, *supra* note 7.

probative value on a given medical issue if it contains an opinion which is unsupported by medical rationale.<sup>17</sup> This report is therefore insufficient to establish appellant's claim.

The record contains diagnostic studies, including an MRI scan and arthrogram of appellant's left hip, dated June 7, 2018; a patient assessment, dated October 30, 2018; and anesthesia and postanesthesia records, dated November 6, 2018. The Board has held, however, that diagnostic studies standing alone lack probative value on the issue of causal relationship as they do not provide an opinion as to whether the employment incident caused any of the diagnosed conditions.<sup>18</sup>

As appellant has not submitted rationalized medical evidence explaining the causal relationship between the accepted May 21, 2018 employment incident and his diagnosed left hip condition, 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 left hip condition causally related to the accepted May 21, 2018 employment incident.<sup>19</sup>

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<sup>17</sup> *Id.*

<sup>18</sup> *C.B.*, Docket No. 20-0464 (issued July 21, 2020).

<sup>19</sup> The Board notes that the case record contains an authorization for examination and/or treatment (Form CA-16) dated May 22, 2018. A properly completed Form CA-16 form authorization may constitute a contract for payment of medical expenses to a medical facility or physician, when properly executed. The form creates a contractual obligation, which does not involve the employee directly, to pay for the cost of the examination or treatment regardless of the action taken on the claim. The period for which treatment is authorized by a Form CA-16 is limited to 60 days from the date of issuance, unless terminated earlier by OWCP. 20 C.F.R. § 10.300(c); *P.R.*, Docket No. 18-0737 (issued November 2, 2018); *N.M.*, Docket No. 17-1655 (issued January 24, 2018); *Tracy P. Spillane*, 54 ECAB 608 (2003).

**ORDER**

**IT IS HEREBY ORDERED THAT** the October 22, 2019 decision of the Office of Workers' Compensation Programs is affirmed.

Issued: September 25, 2020  
Washington, DC

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

Janice B. Askin, Judge  
Employees' Compensation Appeals Board

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