DECISION AND ORDER

Before:

JANICE B. ASKIN, Judge
PATRICIA H. FITZGERALD, Alternate Judge
VALERIE D. EVANS-HARRELL, Alternate Judge

JURISDICTION

On June 30, 2021 appellant filed a timely appeal from a June 7, 2021 merit decision of the Office of Workers’ Compensation Programs (OWCP). Pursuant to the Federal Employees’ Compensation Act1 (FECA) and 20 C.F.R. §§ 501.2(c) and 501.3, the Board has jurisdiction over the merits of this case.2

ISSUE

The issue is whether appellant has established a diagnosed medical condition causally related to the accepted February 20, 2021 employment incident.

1 5 U.S.C. § 8101 et seq.

2 The Board notes that, following the June 7, 2021 decision, appellant submitted additional evidence to OWCP. However, the Board’s Rules of Procedure provides: “The Board’s review of a case is limited to the evidence in the case record that was before OWCP at the time of its final decision. Evidence not before OWCP will not be considered by the Board for the first time on appeal.” 20 C.F.R. § 501.2(c)(1). Thus, the Board is precluded from reviewing this additional evidence for the first time on appeal. Id.
FACTUAL HISTORY

On February 26, 2021 appellant, then a 43-year-old city carrier, filed a traumatic injury claim (Form CA-1) alleging that on February 20, 2021 she injured her right index finger when she slipped on an icy street while in the performance of duty. On the reverse side of the claim form the employing establishment acknowledged that she was injured in the performance of duty. Appellant did not stop work.

In support of her claim, appellant submitted a February 22, 2021 statement, explaining that she slipped on ice on February 20, 2021, injuring her right hand. In the note, she also detailed that she had informed an acting employing establishment manager that she had a doctor’s appointment scheduled for February 23, 2021.

Appellant also submitted a February 23, 2021 note from Dr. Neha Bhave, a Board-certified physician specializing in family medicine, who examined appellant and opined that she should not use her right hand pending evaluation by an orthopedic doctor.

OWCP received a March 1, 2021 duty status report (Form CA-17), signed by Dr. Elizabeth King, a Board-certified orthopedist specializing in hand surgery, indicating that appellant fell onto her right hand on February 20, 2021. Dr. King diagnosed a right index finger metacarpophalangeal (MCP) sprain. In a letter of even date, she opined that appellant should not return to work until her right hand was evaluated by ultrasound.

A March 1, 2021 priority for assignment worksheet signed by appellant’s employing establishment supervisor, S.T., indicated that there was no work available for appellant within her medical restrictions.

A March 2, 2021 attending physician’s report, Part B of an authorization for examination and/or treatment (Form CA-16), Dr. King noted, regarding the history of injury, “[f]all onto right hand” and diagnosed an “injury of right index finger.” She checked a box marked “Yes” to indicate that the diagnosed condition was caused or aggravated by the reported employment activity, but did not provide any further explanation. Dr. King also reported that appellant was totally disabled from work from February 24 through March 28, 2021.

On April 28, 2021 appellant filed a claim for compensation (Form CA-7) for disability for the period April 9 through 16, 2021.

In a development letter dated May 4, 2021, OWCP informed appellant of the deficiencies of her claim. It advised her of the type of medical evidence necessary to establish her claim and requested a narrative medical report from appellant’s treating physician, which contained a detailed description of findings and diagnoses, explaining how the reported work incident caused or aggravated her medical condition. OWCP afforded appellant 30 days to submit the necessary evidence.

OWCP subsequently received a February 23, 2021 x-ray report, which revealed no fracture or dislocation in appellant’s right hand.

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On March 5, 2021 appellant underwent a Doppler ultrasound, which revealed findings most consistent with a low-grade sprain of the right index finger MCP joint.

In a May 11, 2021 report, Dr. King related appellant’s history of injury, evaluation, and treatment. She explained that the March 5, 2021 Doppler results were “indicative of [a] sprain of the right index MCP joint, resulting from the fall on February 20th.” Dr. King diagnosed an injury of the collateral ligament of a right finger. She noted that appellant continued to experience persistent pain and a decreased range of motion in her dominant hand and, thus, remained unable to perform her job duties.

On June 7, 2021 OWCP received several documents relating to diagnoses of medical conditions affecting other fingers of appellant’s right hand, which predate the employment incident.

By decision dated June 7, 2021, OWCP denied appellant’s traumatic injury claim, finding that the medical evidence of record was insufficient to establish a medical diagnosis in connection with the accepted February 20, 2021 employment incident. It concluded, therefore, that the requirements had not been met to establish an injury as defined by FECA.

**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, 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. 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.

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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3 Supra note 1.

4 S.S., Docket No. 19-1815 (issued June 26, 2020); S.B., Docket No. 17-1779 (issued February 7, 2018); Joe D. Cameron, 41 ECAB 153 (1989).

5 M.H., Docket No. 19-0930 (issued June 17, 2020); R.C., 59 ECAB 427 (2008); James E. Chadden, Sr., 40 ECAB 312 (1988).

component is whether the employee actually experienced the employment incident that allegedly occurred. The second component is whether the employment incident caused a personal injury.

The medical evidence required to establish causal relationship between a claimed specific condition and an employment incident is rationalized medical opinion evidence. 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 specific employment factors identified by the employee.

**ANALYSIS**

The Board finds that appellant has met her burden of proof to establish a diagnosed medical condition causally related to the accepted February 20, 2021 employment incident.

OWCP initially denied appellant’s claim based on a failure to provide evidence of a medical diagnosis beyond “pain” and “injury of right index finger,” explaining that these are merely symptoms and are, thus, insufficient to establish a medical diagnosis. However, Dr. King diagnosed a right index finger MCP joint sprain in the March 1, 2021 Form CA-17 and noted, in her May 11, 2021 report, that the March 5, 2021 Doppler ultrasound results indicated such a sprain. Appellant has established a diagnosis of right index finger MCP joint sprain. The Board finds that this evidence is sufficient to establish a diagnosed medical condition in connection with the accepted February 20, 2021 employment incident.

The Board further finds, however, that the case is not in posture for decision as to whether the diagnosed medical condition is causally related to the accepted February 20, 2021 employment incident. As the medical evidence of record establishes a diagnosed medical condition, the case must be remanded for consideration of the medical evidence with regard to the issue of causal relationship. Following such further development as deemed necessary, OWCP shall issue a *de novo* decision.

**CONCLUSION**

The Board finds that appellant has met her burden of proof to establish a diagnosed medical condition causally related to the accepted February 20, 2021 employment incident. The Board further finds that the case is not in posture for decision as to whether the diagnosed medical condition is causally related to the accepted February 20, 2021 employment incident.

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ORDER

IT IS HEREBY ORDERED THAT the June 7, 2021 decision of the Office of Workers’ Compensation Programs is reversed in part and set aside in part. The case is remanded for further proceedings consistent with this decision of the Board.

Issued: December 22, 2021
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