

she tripped on a rubber threshold strip and fell while in the performance of duty. On the reverse side of the claim form, her supervisor acknowledged that she was injured in the performance of duty.

In support of her claim, appellant submitted a magnetic resonance imaging (MRI) scan report dated February 26, 2020 from Dr. William B. Morrison, a Board-certified diagnostic radiologist. Dr. Morrison noted that appellant fell on January 21, 2020 followed by right shoulder pain. He diagnosed high-grade interstitial tear of the right supraspinatus and infraspinatus with bursal surface perforation at the anterior leading edge of the supraspinatus with severe tendinosis, and mild supraspinatus muscle atrophy; severe subscapularis tendinosis with high-grade partial thickness tearing; humeral avulsion of the posterior bundle of the inferior glenohumeral ligament; and severe intra-articular long head biceps tendinosis with partial thickness tearing.

In an operative report dated March 9, 2020, Dr. Surena Namdari, a Board-certified orthopedic surgeon, diagnosed right shoulder rotator cuff tear, biceps tendinopathy, subacromial bursitis, and degenerative labral tear. She performed a right shoulder arthroscopic rotator cuff repair, biceps tenodesis, and extensive debridement.

Appellant submitted a note dated April 7, 2020 from Dr. Namdari, which stated that appellant was excused from work for the period May 5 to June 6, 2020. Dr. Namdari also provided a note dated May 15, 2020 which stated that appellant could return to work without restrictions on June 8, 2020.

In a development letter dated November 3, 2020, OWCP advised appellant that additional factual and medical evidence was necessary to establish her claim. It requested that she submit a physician's opinion, supported by medical explanation, as to how the alleged work incident caused or aggravated a medical condition, and it provided a questionnaire for her completion. OWCP afforded appellant 30 days to submit the necessary evidence.

Appellant submitted a November 4, 2020 response to OWCP's development questionnaire. She attested that she fell "violently" onto her right shoulder after tripping over a threshold strip in the supply room on January 21, 2020.

By decision dated January 8, 2021, OWCP accepted that the January 21, 2020 employment incident occurred, as alleged, but denied appellant's claim as the medical evidence of record was insufficient to establish causal relationship between a diagnosed medical condition and the accepted employment incident.

LEGAL PRECEDENT

An employee seeking benefits under FECA² has the burden of proof to establish the essential elements of his or her claim, including that the individual is an employee of the United States within the meaning FECA, that the claim was timely filed within the applicable time

² *Id.*

limitation period of FECA,³ 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.⁴ 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.⁵

To determine whether a federal employee has sustained a traumatic injury in the performance of duty, it must first be determined whether a fact of injury has been established. There are two components involved in establishing fact of injury. The first component to be established is that, the employee must submit sufficient evidence to establish that he or she actually experienced the employment incident at the time, place and in the manner alleged. The second component is whether the employment incident caused a personal injury and can be established only by medical evidence.⁶

The medical evidence required to establish causal relationship between a claimed specific condition and an employment incident is rationalized medical opinion evidence.⁷ 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.⁸

ANALYSIS

The Board finds that appellant has not met her burden of proof to establish a right shoulder condition causally related to the accepted January 21, 2020 employment incident.

Appellant submitted an operative report dated March 9, 2020 from Dr. Namdari which related that appellant was diagnosed with a right shoulder rotator cuff tear, biceps tendinopathy, subacromial bursitis, and degenerative labral tear. OWCP also received notes dated April 7 and May 15, 2020 wherein Dr. Namdari excused appellant from work. However, Dr. Namdari did not provide a medical opinion explaining the cause of appellant's diagnosed conditions in any of these

³ *F.H.*, Docket No. 18-0869 (issued January 29, 2020); *J.P.*, Docket No. 19-0129 (issued April 26, 2019); *Joe D. Cameron*, 41 ECAB 153 (1989).

⁴ *L.C.*, Docket No. 19-1301 (issued January 29, 2020); *J.H.*, Docket No. 18-1637 (issued January 29, 2020); *James E. Chadden, Sr.*, 40 ECAB 312 (1988).

⁵ *P.A.*, Docket No. 18-0559 (issued January 29, 2020); *K.M.*, Docket No. 15-1660 (issued September 16, 2016); *Delores C. Ellyett*, 41 ECAB 992 (1990).

⁶ *T.H.*, Docket No. 19-0599 (issued January 28, 2020); *K.L.*, Docket No. 18-1029 (issued January 9, 2019); *John J. Carlone*, 41 ECAB 354 (1989).

⁷ *S.S.*, Docket No. 19-0688 (issued January 24, 2020); *A.M.*, Docket No. 18-1748 (issued April 24, 2019); *Robert G. Morris*, 48 ECAB 238 (1996).

⁸ *T.L.*, Docket No. 18-0778 (issued January 22, 2020); *Y.S.*, Docket No. 18-0366 (issued January 22, 2020); *Victor J. Woodhams*, 41 ECAB 345, 352 (1989).

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.⁹ As such, this report is insufficient to establish appellant's claim.

OWCP also received an MRI scan report dated February 25, 2020 from Dr. Morrison. The Board has held, however, that diagnostic tests, standing alone, lack probative value on the issue of causal relationship as they do not address the relationship between the accepted employment factors and a diagnosed condition.¹⁰ For this reason, Dr. Morrison's MRI scan report is insufficient to meet appellant's burden of proof.

As there is no medical evidence of record establishing a right shoulder condition causally related to the accepted employment incident, the Board finds that appellant has not met her burden of proof.

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 her burden of proof to establish a right shoulder condition causally related to the January 21, 2020 employment incident.

⁹ *D.C.*, Docket No. 19-1093 (issued June 25, 2020); *see L.B.*, Docket No. 18-0533 (issued August 27, 2018); *D.K.*, Docket No. 17-1549 (issued July 6, 2018).

¹⁰ *See W.M.*, Docket No. 19-1853 (issued May 13, 2020); *L.F.*, Docket No. 19-1905 (issued April 10, 2020).

ORDER

IT IS HEREBY ORDERED THAT the January 8, 2021 decision of the Office of the Workers' Compensation Programs is affirmed.

Issued: July 29, 2021
Washington, DC

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

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

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