

FACTUAL HISTORY

On September 17, 2018 appellant, then a 23-year-old volunteer, filed a traumatic injury claim (Form CA-1) alleging that on August 8, 2018 she suffered a right foot injury when climbing down from a rock while in the performance of duty. On the reverse side of the claim form the employing establishment acknowledged that appellant was injured in the performance of duty. Appellant did not stop work.

In an accompanying narrative statement, appellant noted that on August 8, 2018 she was spraying plants at a national wildlife refuge. While climbing down rocks to return to the trail, she jumped approximately three feet and landed on her right foot. Appellant reported experiencing sharp pain on the lateral side of her foot, which subsided after a few minutes. She noted that she continued to work and only experienced sharp foot pain when hitting the lateral side of her right foot. Appellant indicated that on August 20, 2018 she began treating her foot with ice, heat, cold laser, taping, and use of a walking boot, but continued to walk on her foot with some discomfort. She reported that walking short and moderate distances began to cause lingering pain and she began reducing use of her right foot. Appellant noted that she reported her right foot condition to the employing establishment on September 11, 2018. She indicated that as of September 14, 2018 she was using an immobilization boot with a knee scooter or crutches.

In an October 11, 2018 report, Dr. John Ambrosino, a podiatrist, noted that appellant experienced right foot pain and numbness after jumping from a rock and landing on her foot on August 8, 2018. He examined appellant and reviewed x-rays of her right foot. Dr. Ambrosino diagnosed traumatic tarsal tunnel syndrome of the right foot, possible stress fracture of the right foot, peroneus brevis tendinitis of the right foot, metatarsalgia of the fifth metatarsal shaft of the right foot, right foot pain, cuboid syndrome of the right foot, bilateral plantar fasciitis, bilateral plantar calcaneal bursitis, bilateral functional instability of the joint, bilateral limb pain, and bilateral edema. He recommended physical therapy treatment and use of crutches or a knee-walker.

On November 19, 2018 Dr. Ambrosino noted that appellant experienced ongoing bilateral foot pain. He provided physical examination findings and reviewed x-rays of her bilateral ankles. Dr. Ambrosino diagnosed traumatic tarsal tunnel syndrome of the right foot, possible stress fracture of the right foot, peroneus brevis tendinitis of the right foot, metatarsalgia of the fifth metatarsal shaft of the right foot, right foot pain, cuboid syndrome of the right foot, osteoarthritis/degenerative joint disease of the tibiotalar joint of the right foot, bilateral plantar fasciitis, bilateral plantar calcaneal bursitis, bilateral functional instability of the joint, bilateral limb pain, and bilateral edema.

In a January 30, 2019 report, Dr. Ambrosino noted that appellant's bilateral ankle and foot pain had decreased since her last visit. He examined appellant and reviewed x-rays of her right foot and ankle. Dr. Ambrosino provided the same diagnoses and recommended continued physical therapy treatment.

In a narrative statement dated February 15, 2019, appellant noted that she avoided putting weight on her right foot from September 14 through December 10, 2018. She indicated that she relied solely on her left foot for movement. Appellant reported that on December 5, 2018, she put

her left foot down and experienced a sharp pain on the lateral side of her foot. She noted that she experienced substantial pain that improved once she began using her right foot. Appellant indicated that she wanted to include her left foot condition in her claim as extended use of one foot appeared to be a direct contributor to her condition.

In a development letter dated March 18, 2019, OWCP indicated that, when appellant's claim was first received it appeared to be a minor injury that resulted in minimal or no lost time from work and, based on these criteria and because the employing establishment did not controvert continuation of pay or otherwise challenge the case, payment of a limited amount of medical expenses was administratively approved. It explained that it had reopened the claim for consideration because appellant requested that a consequential condition be included in her claim. OWCP requested additional factual and medical evidence in support of her claim and provided a questionnaire for her completion. It afforded appellant 30 days to submit the necessary evidence. No additional evidence was received.

By decision dated April 18, 2019, OWCP denied appellant's claim, finding that the medical evidence of record was insufficient to establish causal relationship between appellant's diagnosed conditions and the accepted August 8, 2018 employment incident.

OWCP continued to receive medical reports from Dr. Ambrosino, dated October 22, 2018 through October 7, 2019, who provided physical examination findings, reviewed x-rays of appellant's bilateral feet and ankles, detailed her bilateral foot and ankle treatment, and diagnosed traumatic tarsal tunnel syndrome of the right foot, possible stress fracture of the right foot, peroneus brevis tendinitis of the right foot, metatarsalgia of the fifth metatarsal shaft of the right foot, right foot pain, cuboid syndrome of the right foot, osteoarthritis/degenerative joint disease of the tibiotalar joint of the right foot, bilateral plantar fasciitis, bilateral plantar calcaneal bursitis, bilateral functional instability of the joint, bilateral limb pain, and bilateral edema.

In a February 18, 2020 report, Dr. Larry Woodcox, a podiatrist, noted that appellant jumped from a rock and landed on her right foot while at work. He provided physical examination findings and diagnosed right foot post-strain/sprain, post-traumatic tendinitis/tendinosis of the fifth metatarsal of the right foot, and calcaneocuboid instability with chronic cuboid syndrome. Dr. Woodcox opined that the accepted August 8, 2018 employment incident was more than likely the medical cause of appellant's conditions. He requested authorization for a magnetic resonance imaging (MRI) scan of her right foot to assess for peroneal tendon damage and calcaneocuboid ligament damage. Dr. Woodcox advised that appellant's work restrictions included no climbing, walking on uneven terrain, or squatting for more than an occasional basis.

On April 7, 2020 appellant requested reconsideration.

In support of her request, appellant submitted additional reports from Dr. Ambrosino, dated October 31, 2018 through November 4, 2019, who provided physical examination findings and noted treatment of appellant's ongoing bilateral foot and ankle conditions.

By decision dated July 1, 2020, OWCP denied modification of the April 18, 2019 decision.

LEGAL PRECEDENT

An employee seeking benefits under FECA³ 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,⁴ 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.⁵ 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.⁶

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.⁷ The second component is whether the employment incident caused a personal injury.⁸

Causal relationship is a medical question that requires rationalized medical opinion evidence to resolve the issue.⁹ 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.¹⁰

ANALYSIS

The Board finds that appellant has not met her burden of proof to establish a medical condition causally related to the accepted August 8, 2018 employment incident.

In support of her claim, appellant submitted numerous reports from Dr. Ambrosino, dated October 11, 2018 through November 4, 2019, who provided physical examination findings, reviewed x-rays of her bilateral feet and ankles, and noted her bilateral foot and ankle treatment. Dr. Ambrosino diagnosed traumatic tarsal tunnel syndrome of the right foot, possible stress

³ *Supra* note 1.

⁴ *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).

⁵ *J.R.*, Docket No. 20-0496 (issued August 13, 2020); *R.C.*, 59 ECAB 427 (2008); *James E. Chadden, Sr.*, 40 ECAB 312 (1988).

⁶ *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).

⁷ *T.J.*, Docket No. 19-0461 (issued August 11, 2020); *Elaine Pendleton*, 40 ECAB 1143 (1989).

⁸ *D.M.*, Docket No. 20-0386 (issued August 10, 2020); *John J. Carlone*, 41 ECAB 354 (1989).

⁹ *A.R.*, Docket No. 19-0465 (issued August 10, 2020); *Jacqueline M. Nixon-Steward*, 52 ECAB 140 (2000).

¹⁰ *W.L.*, Docket No. 19-1581 (issued August 5, 2020); *Leslie C. Moore*, 52 ECAB 132 (2000).

fracture of the right foot, peroneus brevis tendinitis of the right foot, metatarsalgia of the fifth metatarsal shaft of the right foot, right foot pain, cuboid syndrome of the right foot, osteoarthritis/degenerative joint disease of the tibiotalar joint of the right foot, bilateral plantar fasciitis, bilateral plantar calcaneal bursitis, bilateral functional instability of the joint, bilateral limb pain, and bilateral edema. However, he did not offer an opinion as to whether any of appellant's diagnosed conditions were causally related to the accepted August 8, 2018 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.¹¹ Accordingly, these reports are insufficient to meet appellant's burden of proof to establish her claim.

Appellant also submitted a February 18, 2020 report from Dr. Woodcox who provided physical examination findings and diagnosed right foot post strain/sprain, post-traumatic tendinitis/tendinosis of the fifth metatarsal of the right foot, and calcaneocuboid instability with chronic cuboid syndrome. While he opined that the accepted August 8, 2018 employment incident was more than likely the medical cause of appellant's conditions, Dr. Wilcox offered only a conclusory statement devoid of medical rationale. He did not explain the medical mechanics of how the accepted employment incident of jumping and landing on her foot was competent to cause appellant's diagnosed conditions. 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.¹² Consequently, this report is also insufficient to establish appellant's claim.

As the medical evidence of record does not contain rationalized medical evidence establishing causal relationship between appellant's diagnosed conditions and the accepted August 8, 2018 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 medical condition causally related to the accepted August 8, 2018 employment incident.

¹¹ *P.C.*, Docket No. 20-0855 (issued November 23, 2020).

¹² *V.S.*, Docket No. 20-1034 (issued November 25, 2020).

ORDER

IT IS HEREBY ORDERED THAT the July 1, 2020 decision of the Office of Workers' Compensation Programs is affirmed.

Issued: June 8, 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