

motions. She indicated that she first became aware of her condition on October 20, 2019 and its relationship to her federal employment on August 7, 2020. Appellant did not stop work.

In a development letter dated September 2, 2020, OWCP informed appellant that the evidence submitted was insufficient to establish her claim. It advised her of the type of medical evidence needed, including a report containing a medical diagnosis and a comprehensive narrative report from a qualified physician explaining how factors of her federal employment caused, contributed to, or aggravated a diagnosed condition. OWCP afforded appellant 30 days to respond and submit additional evidence.

In a note dated August 7, 2020, Dr. Christopher Mann, an osteopath specializing in occupational medicine, diagnosed a cervical disc condition, left shoulder impingement, and right shoulder sprain.

In a statement dated August 11, 2020, appellant described the tasks requiring repetitive motion in her federal employment, noting that at work, she must twist, bend, squat, lift, carry, push, and pull different types of equipment. She noted that at the time, she was currently on restricted duty for a different claim and that she would perform these activities for eight hours per day until she received medical restrictions of alternating activities every two hours.

By decision dated October 28, 2020, OWCP denied appellant's occupational disease claim, finding that the evidence of record was insufficient to establish that her diagnosed condition was causally related to the accepted factors of her federal employment.

In a note dated November 30, 2020, Dr. Mann diagnosed cervical degenerative disc radiculopathy, left shoulder rotator cuff sprain, left shoulder impingement, and right shoulder sprain.

OWCP thereafter received Dr. Mann's August 7, 2020 initial examination report. Dr. Mann related that appellant was seen for complaints of increased painful "grinding in [the] neck" with associated weakness and numbness in the shoulders. He reviewed appellant's history of injury, noting that she performed regular limited duties, when on October 20, 2019, she sustained an onset of chronic intractable muscle spasms in the bilateral trapezius muscles while lifting trays full of letters. Dr. Mann noted that she had been working under work restrictions regarding a different work-related injury, consisting of no more than two hours per day lifting over the shoulder and no more than four hours working delivery barcode sorting. He stated that, as of October 20, 2019, appellant began to manifest symptoms consistent with permanent changes induced in the shoulder and cervical joints. Dr. Mann examined appellant and diagnosed mid-cervical disc disorder with radiculopathy, sprains of the bilateral rotator cuff capsules, and left impingement syndrome. He opined that appellant sustained work-related injuries to her bilateral shoulders and neck as a direct result of activities she performed as an automation clerk. Dr. Mann explained that high repetition reaching with both arms and shoulders at and above the shoulder level combined to cause recurrent inflammatory pain in both shoulder joints by the end of the typical workday. He further explained that years of high-repetition twisting/turning of the neck combined with both shoulders lifting trays and buckets of mail at or above the shoulder level for multiple hours daily will inflame the subacromial bursae and tendon insertions of the shoulders. Dr. Mann further explained that, even though she had reduced the frequency of the task and

lightened the weight involved, the cumulative trauma to the joint space would have digressed the joint surfaces. He opined that the employment factors of her position as an automation clerk had, with reasonable medical certainty, caused the injuries to her neck and bilateral shoulders.

On January 27, 2021 appellant requested reconsideration.

A magnetic resonance imaging scan of appellant's neck obtained on September 22, 2020 demonstrated moderate multilevel spondylosis with mild levoscoliosis, moderate foraminal narrowing greatest at C5-6 and C6-7, worse on the left, facet arthropathy resulting in grade I spondylolisthesis of C3 on C5, and likely grade I spondylolisthesis of C7 on T1 with moderate foraminal narrowing.

In a note dated February 5, 2021, Dr. Mann diagnosed cervical degenerative disc radiculopathy, left shoulder rotator cuff sprain, left shoulder impingement, and right shoulder sprain.

By decision dated April 27, 2021, OWCP reviewed the merits of appellant's claim and denied modification of its October 28, 2020 decision. It found that she had not submitted sufficient medical evidence to establish that her diagnosed condition was causally related to the accepted factors of her federal employment. OWCP explained that Dr. Mann's report of August 7, 2020 contained "provisional" diagnoses as they were rendered before a diagnostic testing. It further stated that Dr. Mann's opinion on causation was nonspecific.

In a note dated October 8, 2021, Dr. Mann diagnosed cervical degenerative disc radiculopathy, left shoulder rotator cuff sprain, left shoulder impingement, and right shoulder sprain.

On October 26, 2021 appellant requested reconsideration. Attached to her request was a letter dated October 1, 2021 from Dr. Mann. Dr. Mann disputed OWCP's analysis of his medical findings, noting that it was possible for him to diagnose shoulder conditions without diagnostic reports. He stated that he had done so in his report of August 7, 2020, later attaching diagnostic findings to the report that indicated abnormal findings consistent with his diagnoses. Dr. Mann explained the pathophysiological process involved in cervical strain.

By decision dated December 14, 2021, OWCP reviewed the merits of appellant's claim and denied modification of its April 27, 2021 decision.

LEGAL PRECEDENT

An employee seeking benefits under FECA² 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 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

² *Supra* note 2.

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.

To establish that an injury was sustained in the performance of duty in an occupational disease claim, a claimant must submit: (1) a factual statement identifying employment factors alleged to have caused or contributed to the presence or occurrence of the disease or condition; (2) medical evidence establishing the presence or existence of the disease or condition for which compensation is claimed; and (3) medical evidence establishing that the diagnosed condition is causally related to the identified employment factors.⁴

Causal relationship is a medical question that requires rationalized medical opinion evidence to resolve the issue.⁵ 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 incident.⁶

ANALYSIS

The Board finds that this case is not in posture for decision.

In a report dated August 7, 2020, Dr. Mann initially examined appellant for complaints of increased painful “grinding in [the] neck” with associated weakness and numbness in the shoulders. He reviewed appellant’s history of injury, noting that she performed limited duties when, on October 20, 2019, she sustained an onset of chronic intractable muscle spasms in the bilateral trapezius muscles while lifting trays full of letters. Dr. Mann noted that she had been working under work restrictions regarding a different work-related injury, consisting of no more than two hours per day lifting over the shoulder and no more than four hours working delivery barcode sorting. He stated that, as of October 20, 2019, appellant began to manifest symptoms consistent with permanent changes induced in the shoulder and cervical joints. Dr. Mann examined appellant and diagnosed mid-cervical disc disorder with radiculopathy, sprains of the bilateral rotator cuff capsules, and left impingement syndrome. He opined that appellant sustained work-related injuries to her bilateral shoulders and neck as a direct result of activities she performed as an automation clerk. Dr. Mann explained that high repetition reaching with both arms and shoulders at and above the shoulder level combined to cause recurrent inflammatory pain in both shoulder joints by the end of the typical workday. He further explained that years of high-repetition twisting/turning of the neck combined with both shoulders lifting trays and buckets of mail at or above the shoulder level for multiple hours daily would inflame the subacromial bursae

³ *C.K.*, Docket No. 19-1549 (issued June 30, 2020); *R.G.*, Docket No. 19-0233 (issued July 16, 2019); *Elaine Pendleton*, 40 ECAB 1143 (1989).

⁴ *L.D.*, Docket No. 19-1301 (issued January 29, 2020); *S.C.*, Docket No. 18-1242 (issued March 13, 2019); *Victor J. Woodhams*, 41 ECAB 345, 352 (1989).

⁵ *I.J.*, Docket No. 19-1343 (issued February 26, 2020); *T.H.*, 59 ECAB 388 (2008); *Robert G. Morris*, 48 ECAB 238 (1996).

⁶ *D.J.*, Docket No. 19-1301 (issued January 29, 2020).

and tendon insertions of the shoulders. Dr. Mann noted that, even though she had reduced the frequency of the task and lightened the weight involved, the cumulative trauma to the joint space would have digressed the joint surfaces. He opined that the employment factors of her position as an automation clerk had, with reasonable medical certainty, caused the injuries to her neck and bilateral shoulders. In a letter dated October 1, 2021, Dr. Mann disputed OWCP's analysis of his medical findings, noting that it was possible for him to diagnose shoulder conditions without diagnostic reports. He stated that he had done so in his report of August 7, 2020, later attaching diagnostic findings to the report that indicated abnormal findings consistent with his diagnoses.

The Board finds that the August 7, 2020 report and October 1, 2021 letter from Dr. Mann, read together, are sufficient to require further development of the medical evidence. He provided an understanding of the medical record and case history and concluded that specific duties of appellant's federal employment physiologically caused her diagnosed shoulder and cervical conditions. Dr. Mann provided a pathophysiological explanation of how her duties caused these conditions.

The Board has long held that it is unnecessary that the evidence of record in a case be so conclusive as to suggest causal connection beyond all possible doubt. Rather, the evidence is only that necessary to convince the adjudicator that the conclusion drawn is rational, sound, and logical.⁷ Although the August 7, 2020 report and October 1, 2021 letter are insufficient to meet appellant's burden of proof to establish her claim, they do raise an uncontroverted inference between her diagnosed cervical and shoulder conditions and the accepted employment factors of her federal employment, sufficient to require OWCP to further develop the claim.⁸

It is well established that proceedings under FECA are not adversarial in nature and, while appellant has the burden of proof to establish entitlement to compensation, OWCP shares responsibility in the development of the evidence.⁹ It has an obligation to see that justice is done.¹⁰

On remand OWCP shall refer appellant to a specialist in the appropriate field of medicine, along with the case record and a statement of accepted facts. Its referral physician shall provide a well-rationalized opinion as to whether appellant's diagnosed shoulder and cervical conditions are causally related to or aggravated by the accepted factors of her federal employment. If the physician opines that the diagnosed conditions are not causally related, he or she must explain with rationale how or why the opinion differs from that of Dr. Mann. After such further development of the case record as OWCP deems necessary, it shall issue a *de novo* decision.

⁷ *B.C.*, Docket No. 20-0498 (issued August 27, 2020); *W.M.*, Docket No. 17-1244 (issued November 7, 2017); *Kenneth J. Deerman*, 34 ECAB 641, 645 (1983) and cases cited therein.

⁸ *See E.G.*, Docket No. 19-1296 (issued December 19, 2019).

⁹ *Id.* *See also A.P.*, Docket No. 17-0813 (issued January 3, 2018); *Jimmy A. Hammons*, 51 ECAB 219, 223 (1999).

¹⁰ *S.M.*, Docket No. 19-1634 (issued August 25, 2020); *see B.C.*, Docket No. 15-1853 (issued January 19, 2016); *John J. Carlone*, 41 ECAB 354 (1989).

CONCLUSION

The Board finds that this case is not in posture for decision.

ORDER

IT IS HEREBY ORDERED THAT the December 14, 2021 decision of the Office of Workers' Compensation Programs is set aside, and the case is remanded for further proceedings consistent with this decision of the Board.

Issued: August 8, 2022
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