

**United States Department of Labor
Employees' Compensation Appeals Board**

D.N., Appellant)

and)

U.S. POSTAL SERVICE, GRAPEWINE POST)
OFFICE, Coppell, TX, Employer)

**Docket No. 22-1223
Issued: December 23, 2022**

Appearances:
Appellant, pro se
Office of Solicitor, for the Director

Case Submitted on the Record

DECISION AND ORDER

Before:

ALEC J. KOROMILAS, Chief Judge
PATRICIA H. FITZGERALD, Deputy Chief Judge
JANICE B. ASKIN, Judge

JURISDICTION

On August 15, 2022 appellant filed a timely appeal from a July 29, 2022 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.

ISSUE

The issue is whether appellant has met his burden of proof to establish a medical condition causally related to the accepted May 8, 2022 employment incident.

FACTUAL HISTORY

On May 10, 2022 appellant, then a 58-year-old rural letter carrier, filed a traumatic injury claim (Form CA-1) alleging that he injured his left wrist and back when he fell while in the performance of duty on May 8, 2022. He indicated that he fell after striking his left foot on a

¹ 5 U.S.C. § 8101 *et seq.*

raised portion of the concrete of the walkway, and he used his left wrist to break the fall. Appellant further noted that the fall exacerbated his preexisting left wrist and back injuries. On the reverse side of the claim form, appellant's supervisor acknowledged that appellant was injured in the performance of duty. The supervisor indicated that appellant stopped work on May 9, 2022.

An x-ray report dated May 4, 2022 was received of appellant's lumbar spine. The impression was related as lumbar spondylosis, most pronounced from L4 through S1, without acute changes of the lumbar spine. Normal flexion and extension views were also found.

OWCP received a narrative statement dated May 9, 2022 from appellant in which he reiterated how he hit his left foot on a raised part of the concrete walkway and fell on his left wrist after losing balance, on May 8, 2022.

On May 9, 2022 appellant was treated by Dr. David Ko, a Board-certified sports medicine and family medicine physician. Dr. Ko indicated that appellant was experiencing back pain radiating to right leg, as well as pain in his left wrist. He recounted the history of injury where appellant tripped on a sidewalk while working and fell on his right wrist. Dr. Ko diagnosed acute right-sided low back pain with right-sided sciatica and acute pain of left wrist, and referred appellant to physical therapy.

A note from Dr. Ko dated May 20, 2022 indicated that appellant was under his care and off work with an undetermined return date.

OWCP received an unsigned and undated statement on May 23, 2022 which noted in part that appellant's Form CA-1 indicated that the alleged injury was an exacerbated injury, and that appellant's constant work with the employing establishment had been "building up" his sustained injuries.

By development letter dated May 23, 2022, OWCP informed appellant that additional factual and medical evidence was necessary to establish his claim. Appellant was requested to provide a narrative report from a physician containing a detailed description of findings and a diagnosis, as well as a medical explanation from a physician as to how the work incident caused or aggravated a medical condition. OWCP afforded him 30 days to respond.

On June 2, 2022 appellant was seen by Dr. Deepalakshmi Rajakrishnan, a family medicine specialist, who reiterated appellant's history of injury. Dr. Rajakrishnan related that appellant indicated that his left wrist and back ached prior to the alleged injury and the fall worsened the aching. Preliminary review of radiology results showed no fracture of the left wrist.

A work status note dated June 2, 2022 from Dr. Rajakrishnan indicated a diagnosis of lumbar sprain and left wrist sprain. Appellant was returned to work with restrictions. A duty status report (Form CA-17) of even date signed by Dr. Rajakrishnan reiterated the diagnosis and indicated that appellant was allowed to return to work with restrictions.

On June 7, 2022 appellant was treated by Dr. Devki M. Jaiswal, a family medicine specialist. Dr. Jaiswal noted appellant's diagnosis as unspecified sprain of the left wrist with fractures. He ordered physical therapy. In a work status note dated June 7, 2022, Dr. Jaiswal continued to allow appellant to work with restrictions. OWCP received a duty status report (Form

CA-17) dated June 7, 2022 by Dr. Jaiswal reiterating that appellant could continue to work with restrictions.

On June 10, 2022 OWCP received a work status report (Form CA-3) indicating that appellant stopped work on May 9, 2022 and returned to work on June 8, 2022 for six hours per day with restrictions.

On June 15, 2022 appellant was seen in follow up with Dr. Jaiswal for his left wrist condition and continued back pain. Dr. Jaiswal noted appellant's diagnoses as left wrist and lumbar sprain. OWCP received a duty status report (Form CA-17) dated June 15, 2022 and signed by Dr. Jaiswal reiterating appellant's continued work restrictions.

By decision dated June 30, 2022, OWCP accepted that the May 8, 2022 employment incident occurred as alleged and that a medical condition was diagnosed in connection with the incident. However, it denied appellant's claim, finding that the medical evidence of record was insufficient to establish causal relationship between his diagnosed conditions and the accepted May 8, 2022 employment incident.

On July 27, 2022 appellant requested reconsideration.

In support of the reconsideration request, OWCP received a medical note from Dr. Ko, dated January 28, 2022, who diagnosed lumbar paraspinal muscle spasm, bilateral wrist pain, and de Quervain's thyroiditis. Dr. Ko referred appellant to physical therapy.

On May 3, 2022 appellant was seen in follow up by Dr. Ko for continued pain. Dr. Ko related that appellant's pain was worsening due to his work at the employing establishment. Appellant's diagnoses were noted as acute pain of left wrist, chronic right-sided low back pain with right-sided sciatica, lumbosacral radiculitis, and de Quervain's tenosynovitis.

On June 22, 2022 appellant was again seen for a follow up with Dr. Jaiswal. OWCP received a duty status report (Form CA-17) dated June 22, 2022 by Dr. Jaiswal reiterating appellant's continued work restrictions.

By decision dated July 29, 2022, OWCP reviewed the merits of appellant's claim and denied modification.

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 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 the

² *Id.*

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.⁴

To determine whether a federal employee has sustained a traumatic injury in the performance of duty, it first must be determined whether fact of injury has been established. There are two components involved in establishing fact of injury. The first component is whether the employee submitted sufficient evidence to establish that he or she actually experienced the employment incident at the time and place, and in the manner alleged. The second component is whether the employment incident caused a personal injury.⁵

Causal relationship is a medical question that requires rationalized medical opinion evidence to resolve the issue.⁶ A physician's opinion on whether there is a causal relationship between the diagnosed condition and the employment injury must be based on a complete factual and medical background.⁷ Additionally, the physician's opinion must be expressed in terms of a reasonable degree of medical certainty and must be supported by medical rationale, explaining the nature of the relationship between the diagnosed condition and appellant's employment injury.⁸ Neither the mere fact that a disease or condition manifests itself during a period of employment, nor the belief that the disease or condition was caused or aggravated by employment factors or incidents is sufficient to establish causal relationship.⁹

ANALYSIS

The Board finds that appellant has not met his burden of proof to establish a medical condition causally related to the accepted May 8, 2022 employment incident.

In medical notes dated January 28 and May 3, 9, and 20, 2022, Dr. Ko diagnosed lumbar paraspinal muscle spasm, bilateral wrist pain, de Quervain's thyroiditis, acute pain of left wrist, chronic right-sided low back pain with right-sided sciatica, lumbosacral radiculitis, and de Quervain's tenosynovitis. However, he did not provide an opinion regarding causal relationship between the diagnosed conditions and the May 8, 2022 accepted employment incident. The Board

³ *J.M.*, Docket No. 17-0284 (issued February 7, 2018); *R.C.*, 59 ECAB 427 (2008); *James E. Chadden, Sr.*, 40 ECAB 312 (1988).

⁴ *B.H.*, Docket No. 20-0777 (issued October 21, 2020); *K.M.*, Docket No. 15-1660 (issued September 16, 2016); *L.M.*, Docket No. 13-1402 (issued February 7, 2014); *Delores C. Ellyett*, 41 ECAB 992 (1990).

⁵ *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).

⁶ *R.P.*, Docket No. 21-1189 (issued July 29, 2022); *E.M.*, Docket No. 18-1599 (issued March 7, 2019); *Robert G. Morris*, 48 ECAB 238 (1996).

⁷ *R.P.*, *id.*; *F.A.*, Docket No. 20-1652 (issued May 21, 2021); *M.V.*, Docket No. 18-0884 (issued December 28, 2018); *Victor J. Woodhams*, 41 ECAB 345, 352 (1989).

⁸ *Id.*

⁹ *T.M.*, Docket No. 22-0220 (issued July 29, 2022); *S.S.*, Docket No. 18-1488 (issued March 11, 2019); *see also J.L.*, Docket No. 18-1804 (issued April 12, 2019).

has held that medical evidence that does not offer an opinion on causal relationship is of no probative value.¹⁰ These reports are, therefore, insufficient to establish appellant's claim.

In a June 2, 2022 medical report and accompanying Form CA-17, Dr. Rajakrishnan diagnosed lumbar sprain and left wrist sprain. However, he did not provide an opinion regarding causal relationship. As noted above, medical evidence that does not offer an opinion on causal relationship is of no probative value.¹¹ This evidence is, therefore, insufficient to establish appellant's claim.

In notes dated June 7 and 15, 2022 and accompanying Form CA-17s, Dr. Jaiswal diagnosed lumbar sprain and left wrist sprain. However, he similarly did not offer an opinion on causal relationship.¹² Dr. Jaiswal's reports are, therefore, also insufficient to establish the claim.

An unsigned x-ray report dated May 4, 2022 noted an impression of lumbar spondylosis. The Board has held, however, that diagnostic studies, standing alone, lack probative value as they do not address whether the employment incident caused any of the diagnosed conditions.¹³

Appellant also submitted narrative statements in support of his claim. As noted above, causal relationship is a medical question that requires rationalized medical opinion evidence to resolve the issue.¹⁴ A lay opinion regarding causal relationship does not constitute probative medical evidence.¹⁵ These statements are therefore insufficient to establish the claim.

As the medical evidence of record is insufficient to establish causal relationship between the diagnosed medical conditions and the accepted May 8, 2022 employment incident, the Board finds that appellant has not met his 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 his burden of proof to establish a medical condition causally related to the accepted May 8, 2022 employment incident.

¹⁰ See *L.B.*, Docket No. 18-0533 (issued August 27, 2018); *D.K.*, Docket No. 17-1549 (issued July 6, 2018).

¹¹ *Id.*

¹² *Id.*

¹³ *A.O.*, Docket No. 21-0968 (issued March 18, 2022); see *M.S.*, Docket No. 19-0587 (issued July 22, 2019).

¹⁴ *Supra* note 6.

¹⁵ See *E.H.*, Docket No. 19-0365 (issued March 17, 2021).

ORDER

IT IS HEREBY ORDERED THAT the July 29, 2022 decision of the Office of Workers' Compensation Programs is affirmed.

Issued: December 23, 2022
Washington, DC

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

Patricia H. Fitzgerald, Deputy Chief Judge
Employees' Compensation Appeals Board

Janice B. Askin, Judge
Employees' Compensation Appeals Board