

¹ 5 U.S.C. § 8101 *et seq.*

various types of terrains. He noted that he first became aware of his condition on June 30, 2021 and realized its relation to his federal employment on August 10, 2021. Appellant stopped work.

On August 10, 2021 Dr. Antonio Usman, a Board-certified internist, examined appellant for foot pain and diagnosed plantar fasciitis of the left foot. In a return to work note of even date, he indicated that appellant was able to return to work with modified duties, including sedentary desk work with no standing or walking and no lifting or carrying over 10 pounds.

In an August 19, 2021 development letter, OWCP informed appellant of the deficiencies of his claim. It advised him of the type of factual and medical evidence necessary and provided a questionnaire for his completion. In a separate development letter of even date, OWCP requested that the employing establishment provide comments from a knowledgeable supervisor regarding the accuracy of his allegations. It afforded both parties 30 days to respond.

In an attending physician's report (Form CA-20) dated September 9, 2021, Brent E. Tabor, DPM, a podiatrist, related a date of injury of August 10, 2021 and noted that appellant was first examined on August 24, 2021. An examination revealed pain along the plantar fascia in both heels and arches. Dr. Tabor diagnosed bilateral plantar fasciitis and checked the box marked "Yes," indicating that appellant's condition was caused by his employment activities of excessive standing and walking.

By decision dated September 28, 2021, OWCP denied appellant's occupational disease claim, finding that the medical evidence of record was insufficient to establish that the alleged employment factors occurred as described. It concluded, therefore, that the requirements had not been met to establish an injury as defined by FECA.

On September 15, 2021 appellant responded to OWCP's development questionnaire explaining that his official duties require continuous walking for over eight hours per day on various types of terrains, including unpaved surfaces and uneven grass. He further related that he was also required to sort mail while standing for two hours. Appellant noted that wearing four different types of shoes did not alleviate his symptoms. He asserted that he did not experience any foot condition prior to beginning his federal employment and further indicated that he did not engage in any physical activities outside of his employment.

In a return to work note dated September 16, 2021, Dr. Tabor held appellant off work from September 14 through October 5, 2021.

On October 23, 2021 appellant requested reconsideration of OWCP's September 28, 2021 decision.

Appellant signed an occupational information form dated October 26, 2021 outlining his official duties as a carrier technician for the employing establishment.

In a medical report dated November 5, 2021, Dr. Tabor related that appellant was unable to stand or walk for more than 15 minutes as a mail carrier due to his diagnosed medical condition. He noted that he had been undergoing physical therapy since November 2, 2021.

In a Family and Medical Leave Act medical form dated January 5, 2022, Dr. Tabor diagnosed chronic plantar fasciitis of the left foot. He noted that appellant was unable to stand or walk and recommended that he only performs sedentary duties. In another form report of even date, Dr. Tabor indicated that appellant had been undergoing physical therapy since August 24, 2021 for his diagnosed condition.

In undated return to work notes, Dr. Tabor held appellant off work from November 30, 2021 through February 8, 2022.

By decision dated January 14, 2022, OWCP modified its September 28, 2021 decision, finding that appellant had established the implicated employment factors. However, it denied his occupational disease claim, finding that the medical evidence of record was insufficient to establish that his diagnosed foot condition was causally related to the accepted factors of his federal employment.

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,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 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 by the claimant.⁶

² *Supra* note 1.

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.W.*, Docket No. 20-0767 (issued January 13, 2021); *L.D.*, Docket No. 19-1301 (issued January 29, 2020); *S.C.*, Docket No. 18-1242 (issued March 13, 2019).

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.⁸

ANALYSIS

The Board finds that appellant has not met his burden of proof to establish a foot condition causally related to the accepted factors of his federal employment.

In support of his claim, appellant submitted CA-20 form reports dated September 9, and November 5, 2021 from Dr. Tabor, who diagnosed bilateral plantar fasciitis and checked the box marked “Yes,” that his employment activities of excessive standing and walking in his capacity as a mail carrier caused or aggravated his condition. The Board has held, however, that an opinion on causal relationship which consists of a physician checking a box in response to a form question, without supporting medical rationale explaining how the employment activity caused the diagnosed condition, is of little probative value.⁹ Thus, his September 9 and November 5, 2021 reports are insufficient to establish that his diagnosed condition should be accepted as employment related.¹⁰

The remaining medical evidence of record consists of an August 10, 2021 report and return to work note from Dr. Usman, wherein he diagnosed plantar fasciitis of the left foot and provided work restrictions. However, Dr. Usman did not offer an opinion on whether appellant’s diagnosed foot condition was causally related to his employment factors. 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 As such, this evidence is insufficient to establish appellant’s burden of proof.

As there is no rationalized medical evidence explaining how appellant’s employment duties caused or aggravated his diagnosed condition, he has not met his burden of proof.

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).

⁹ *See O.N.*, Docket No. 20-0902 (issued May 21, 2021); *A.R.*, Docket No. 19-0465 (issued August 10, 2020); *C.T.*, Docket No. 20-0020 (issued April 29, 2020); *M.R.*, Docket No. 17-1388 (issued November 2, 2017); *Gary J. Watling*, 52 ECAB 278 (2001).

¹⁰ *See R.D.*, Docket No. 18-1551 (issued March 1, 2019).

¹¹ *L.B.*, Docket No. 18-0533 (issued August 27, 2018); *see D.K.*, Docket No. 17-1549 (issued July 6, 2018).

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 foot condition causally related to the accepted factors of his federal employment.

ORDER

IT IS HEREBY ORDERED THAT the January 14, 2022 decision of the Office of Workers' Compensation Programs is affirmed.

Issued: June 29, 2022
Washington, DC

Janice B. Askin, Judge
Employees' Compensation Appeals Board

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

A handwritten signature in black ink, appearing to read "J. D. McGinley", written in a cursive style.

James D. McGinley, Alternate Judge
Employees' Compensation Appeals Board