

ISSUE

The issue is whether appellant has met her burden of proof to establish medical condition causally related to the accepted May 29, 2021 employment incident.

FACTUAL HISTORY

On June 16, 2021 appellant, then a 51-year-old diagnostic radiology technician, filed a traumatic injury claim (Form CA-1) alleging that on May 29, 2021 she injured her left wrist when moving a heavy patient while in the performance of duty. She stopped work on June 14, 2021.

In a May 29, 2021 form report, a nurse practitioner with the employing establishment evaluated appellant for left wrist pain after pushing a patient weighing over 300 pounds in a wheelchair. She provided work restrictions.

A June 12, 2021 magnetic resonance imaging (MRI) scan of the left wrist demonstrated a triangular fibrocartilage complex (TFCC) sprain and/or intrasubstance tear.

On June 16, 2021 a nurse practitioner discussed appellant's history of wrist pain after moving a heavy patient three weeks earlier. She diagnosed a left wrist injury.

In work status forms dated June 17 and 23, 2021, Dr. Hodari Brooks, a Board-certified orthopedic surgeon, diagnosed a TFCC tear of the left wrist and opined that appellant could work with restrictions.

On June 23, 2021 Dr. Brooks obtained a history of appellant experiencing left wrist pain after pushing a patient weighing over 300 pounds in a wheelchair. He noted that she had stopped work on May 29, 2021. Dr. Brooks diagnosed a TFCC tear and referred appellant to a hand surgeon.

In a report dated July 1, 2021, Dr. Gary M. Lourie, a Board-certified orthopedic surgeon, advised that appellant had "sustained an on-the-job injury to her left wrist with ulnar-sided wrist pain when she was pushing a patient in a wheelchair and felt a sharp pain. He noted that an MRI scan demonstrated a TFCC sprain and possible tear. Dr. Lourie recommended treatment with a cast and therapy.

In a development letter dated September 2, 2021, OWCP requested that appellant submit factual and medical information, including a comprehensive report from her physician regarding how a specific work incident contributed to her claimed injury. It provided her with a questionnaire for completion and afforded her 30 days to submit the necessary evidence.

Subsequently, OWCP received an August 12, 2021 progress report from Dr. Lourie, who recommended against surgery. Dr. Lourie noted that she "clearly had this injury" and also "clearly has findings."

In a September 6, 2021 statement, appellant advised that she had moved a patient who appeared to weight over 300 pounds from a bed to a wheelchair. While pushing the wheelchair she felt pain in her left wrist.

By decision dated October 15, 2021, OWCP denied appellant's traumatic injury claim. It found that she had not established a medical condition causally related to the accepted May 29, 2021 employment incident.

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 filed within the applicable time limitation of FECA,⁴ that an injury was sustained while in the performance of duty as alleged; and that any disability or specific 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 on a traumatic injury or an occupational disease.⁶

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.⁷ Generally, 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.⁸ The second component is whether employment incident caused a personal injury.⁹ An employee may establish that an injury occurred in the performance of duty as alleged, but fail to establish that the disability or specific condition for which compensation is being claimed is causally related to the injury.¹⁰

Causal relationship is a medical question that requires rationalized medical opinion evidence to resolve the issue.¹¹ A physician's opinion on whether there is a causal relationship between the diagnosed condition and the accepted employment incident must be based on a complete factual and medical background.¹² Additionally, the physician's opinion must be expressed in terms of a reasonable degree of medical certainty, and must be supported by medical

³ *Supra* note 1.

⁴ *S.C.*, Docket No. 18-1242 (issued March 13, 2019); *J.P.*, 59 ECAB 178 (2007); *Joe D. Cameron*, 41 ECAB 153 (1989).

⁵ *T.H.*, Docket No. 18-1736 (issued March 13, 2019); *R.C.*, 59 ECAB 427 (2008).

⁶ *T.E.*, Docket No. 18-1595 (issued March 13, 2019); *Delores C. Ellyett*, 41 ECAB 992 (1990).

⁷ *S.S.*, Docket No. 18-1488 (issued March 11, 2019); *T.H.*, 59 ECAB 388 (2008).

⁸ *E.M.*, Docket No. 18-1599 (issued March 7, 2019); *Bonnie A. Contreras*, 57 ECAB 364 (2006).

⁹ *Id.*

¹⁰ *D.V.*, Docket No. 19-1642 (issued June 4, 2020); *Shirley A. Temple*, 48 ECAB 404 (1997).

¹¹ *E.G.*, Docket No. 20-1184 (issued March 1, 2021); *T.H.*, 59 ECAB 388 (2008).

¹² *M.V.*, Docket No. 18-0884 (issued December 28, 2018).

rationale, explaining the nature of the relationship between the diagnosed condition and the specific employment incident.¹³

ANALYSIS

The Board finds that appellant has not met her burden of proof to establish medical condition causally related to the accepted May 29, 2021 employment incident.

On July 1, 2021 Dr. Lourie obtained a history of appellant injuring her left wrist at work pushing a patient in a wheelchair. He diagnosed a TFCC sprain and possible tear. In a progress report dated August 12, 2021, Dr. Lourie advised that appellant “clearly had this injury” and also “clearly has findings.” However, Dr. Lourie did not offer an opinion on causal relationship. 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.¹⁴ These reports, therefore, are insufficient to establish appellant’s claim.

In a report dated June 23, 2021, Dr. Brooks indicated that appellant had experienced pain in her left wrist after pushing a patient who weighed more than 300 pounds in a wheelchair. He diagnosed a TFCC tear. In work status forms dated June 17 and 23, 2021, Dr. Brooks diagnosed a TFCC tear of the left wrist and provided work restrictions. In these reports, however, he did not address the cause of the diagnosed condition or relate it to the employment incident. 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.¹⁵

Appellant submitted reports dated May 29 and June 16, 2021 from a nurse practitioner. The Board has long held that certain healthcare providers such as physician assistants, nurses, nurse practitioners, physical therapists, and social workers are not considered physician[s] as defined under FECA.¹⁶ Consequently, their medical findings and/or opinions will not suffice for purposes of establishing entitlement to FECA benefits.¹⁷

The record further contains a June 12, 2021 MRI scan which demonstrated a TFCC sprain and/or intrasubstance tear. The Board has held, however, that diagnostic studies, standing alone, lack probative value on the issue of causal relationship as they do not address whether the

¹³ *B.C.*, Docket No. 20-0221 (issued July 10, 2020); *Leslie C. Moore*, 52 ECAB 132 (2000).

¹⁴ *See L.B.*, Docket No. 18-0533 (issued August 27, 2018); *D.K.*, Docket No. 17-1549 (issued July 6, 2018).

¹⁵ *R.O.*, Docket No. 20-1243 (issued May 28, 2021); *D.C.*, Docket No. 19-1093 (issued June 25, 2020).

¹⁶ Section 8101(2) of FECA provides that physician includes surgeons, podiatrists, dentists, clinical psychologists, optometrists, chiropractors, and osteopathic practitioners within the scope of their practice as defined by State law. 5 U.S.C. § 8101(2); 20 C.F.R. § 10.5(t). *See* Federal (FECA) Procedure Manual, Part 2 -- Claims, *Causal Relationship*, Chapter 2.805.3a(1) (January 2013); *David P. Sawchuk*, 57 ECAB 316, 320 n.11 (2006) (lay individuals such as physician assistants, nurses, and physical therapists are not competent to render a medical opinion under FECA). *See also T.J.*, Docket No. 19-1339 (issued March 4, 2020) (nurse practitioners are not considered physicians under FECA); *R.L.*, Docket No. 19-0440 (issued July 8, 2019) (physical therapists are not considered physicians under FECA).

¹⁷ *Id.*

employment incident caused any of the diagnosed conditions.¹⁸ This report, therefore, is insufficient to establish the claim.

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 May 29, 2021 employment incident.

ORDER

IT IS HEREBY ORDERED THAT the October 15, 2021 decision of the Office of Workers' Compensation Programs is affirmed.

Issued: June 27, 2022
Washington, DC

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

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



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

¹⁸ *K.S.*, Docket No. 19-1623 (issued March 19, 2020); *M.J.*, Docket No. 19-1287 (issued January 13, 2020).