United States Department of Labor
Employees' Compensation Appeals Board

L.B., Appellant	)	
and	)	**Docket No. 21-0353**
	)	**Issued: May 23, 2022**
U.S. POSTAL SERVICE, POST OFFICE, Rincon, GA, Employer	)	

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

Case Submitted on the Record

DECISION AND ORDER

Before:
PATRICIA H. FITZGERALD, Deputy Chief Judge
JANICE B. ASKIN, Judge
VALERIE D. EVANS-HARRELL, Alternate Judge

JURISDICTION

On January 4, 2021 appellant filed a timely appeal from an October 15, 2020 merit decision of the Office of Workers' Compensation Programs (OWCP). Pursuant to the Federal Employees' Compensation Act[1] (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 her burden of proof to establish a cardiac condition causally related to the accepted factors of her federal employment.

FACTUAL HISTORY

On April 21, 2020 appellant, then a 39-year-old rural carrier, filed an occupational disease claim (Form CA-2) alleging that she suffered a heart attack due to factors of her federal employment, including a stressful work environment over the past 12 years. She noted that she

[1] 5 U.S.C. § 8101 *et seq*.

first became aware of her condition and its relationship to her federal employment on December 17, 2019. Appellant stopped work on December 18, 2019.

In a December 17, 2019 statement, appellant related that she arrived at work earlier that day around 8 a.m. and had a lot of parcels to case and deliver. She asserted that during a break, her postmaster pulled over another hamper full of parcels and asked her to deliver them, even though she notified him that they were not due to deliver until the next day. Appellant noted that she felt tired after casing additional parcels but that she continued to work. She noticed that she was having a harder time performing her usual duties, with her legs feeling more tired than usual. Appellant noted that she briefly thought of going back inside and notifying management that she needed to go home, but she continued working when she realized that no one was available to take over her route. She explained that she felt worse later that day after delivering more parcels. Appellant reported feeling nauseous and chest tightening, which was not too painful but made her arm feel "weird." She initially suspected a heart attack but was not sure and continued working. Appellant asserted that after she finished her work and left the office around 6:30 p.m., her condition worsened by the time she went home.

A December 18, 2019 echocardiogram revealed severely reduced left ventricular ejection fraction (LVEF) that was less than or equal to 25 percent.

In a December 19, 2019 operative report, Dr. Jeremy E. London, a Board-certified vascular surgeon, noted that appellant underwent several procedures including urgent coronary bypass grafting, endoscopic vein harvesting, and bilateral internal mammary artery harvesting. He diagnosed atherosclerotic coronary vascular disease, ST-segment elevation myocardial infarction, and ejection fraction. Dr. London noted reasonable hemostasis with a moderate coagulopathy.

In a December 20, 2019 procedure note, Dr. William F. Wallace, Board-certified in cardiovascular disease, noted that appellant was diagnosed with coronary artery disease (CAD) and congestive heart failure (CHF). He indicated that she underwent several procedures on her heart.

In a December 24, 2019 discharge summary, Dr. Adarsh Shetty, an internal medicine specialist, noted that appellant was treated in the emergency department on December 17, 2019 with evidence of an acute coronary syndrome. He indicated that she had significant three-vessel CAD with moderately depressed left ventricular systolic function. Dr. Shetty noted that appellant underwent coronary bypass grafting and had recovered well.

On January 16, 2020 appellant presented to Dr. Wallace for follow-up of her recent hospitalization and an initial cardiac evaluation. She relayed that she had no significant problems since her discharge and denied any chest pain. Dr. Wallace conducted a physical examination and found that appellant was doing well without symptoms suggestive of angina or CHF.

OWCP also received a February 27, 2020 cardiopulmonary report.

On March 19, 2020 Dr. Wallace conducted a physical examination and reported no significant symptoms or exertional chest pain, pressure, or tightness.

In a March 24, 2020 form report, Dr. Wallace diagnosed CHF, CAD, coronary artery bypass graft (CABG), myopathy, and myocardial infarction. He noted that appellant might experience shortness of breath, chest pain or tightness, and fatigue, and that she was prone to cardiovascular disease stress.

In an April 20, 2020 report, Dr. Wallace opined that stress from appellant's job "in all likelihood played a role, along with her other risk factors, for her premature development of coronary artery disease requiring coronary artery bypass grafting."

In an April 23, 2020 report, the employing establishment controverted appellant's claim.

In an undated statement, appellant related that she had been employed by the employing establishment for 12 years as of April 2020. She contended that she dealt with difficult times at work. Appellant explained that she started out as a rural carrier associate and completed the required duties of a regular mail carrier. She asserted that she had to work even when she was sick or faced the possibility of reprimand or termination. Appellant alleged that her workload had been heavy on a daily basis for years but that she always pulled through and got the job done. She contended that by August 2019, management had lost five carriers within a few weeks due to intimidation and poor treatment of its employees. Appellant asserted that they were extremely understaffed and needed help by the time the Christmas season approached. She contended that the lack of staff added unnecessary stress and created a hostile work environment. Appellant asserted that many carriers, including herself, were finding it difficult to work each day but continued to work because they feared reprimand or termination. She contended that management continued to intimidate employees, adding more stress to an already stressful situation. Appellant noted that management would normally dispatch someone to assist her route, but it did not in 2019, increasing her workload and resulting stress. She contended that this was the state of her work for the week leading up to December 17, 2019 when she had a heart attack at work. Appellant further noted that she worked 10 to 12 hours each day.

In a May 4, 2020 development letter, OWCP informed appellant of the deficiencies of her claim. It advised of the type of factual and medical evidence needed to establish her claim and provided a questionnaire for her completion. In a separate development letter of even date, OWCP requested that the employing establishment provide additional information including comments from a knowledgeable supervisor and an explanation of appellant's work activities. It afforded both parties 30 days to respond.

In another letter dated May 4, 2020, OWCP provided Dr. Wallace with a copy of the recent statement of accepted fact (SOAF) that discussed all of the accepted factors of appellant's employment and requested he submit a narrative report addressing whether the accepted factors of her employment caused or contributed to her heart condition.

Appellant submitted additional evidence, including a copy of a January 3, 2019 grievance form, in which she asserted that the employing establishment forced her to work her holiday on November 20, 2018.

In a December 17, 2019 form report, an unidentifiable healthcare provider noted that appellant presented with chest pain, dizziness, and nausea. The report related that she had been experiencing chest pain throughout the day but continued to work.

In a medical report of even date, Dr. Wallace noted that appellant presented to the emergency department with ongoing chest discomfort. He diagnosed CAD and recommended coronary bypass grafting. In a cardiac catheterization report of even date, Dr. Wallace noted that she had normal systemic blood pressure, moderately reduced LV systolic function, and severe three-vessel coronary artery disease. A chest x-ray of even date demonstrated "no acute process."

In a December 18, 2019 cardiac catheterization report, Dr. William Crosland, a cardiologist, indicated that appellant underwent a catheterization of the right side of the heart.

A December 19, 2020 chest x-ray revealed status post median sternotomy but demonstrated "no acute process."

OWCP also received a December 20, 2019 electrocardiography (ECG) report and a chest x-ray of even date, which revealed new moderate gastric gaseous distention, new focal consolidation, and slightly improved mild pulmonary interstitial edema.

In a December 29, 2019 progress report, Dr. Ryan P. Behta, an internal medicine specialist, conducted a physical examination and diagnosed bilateral plural effusion.

In an undated letter, the employing establishment controverted appellant's claim, asserting that she had been a smoker for many years and her heart's blockages were not caused by work-related factors. It acknowledged that due to staffing shortages, the workload during the holiday season increased but that appellant never notified management or requested any accommodation related to her heart-related issue. The employing establishment also provided a job description for a rural carrier.

In an undated statement, appellant's coworker, M.P., contended that their supervisor constantly berated and harassed him, eventually causing him to quit his employment. He asserted that the same supervisor targeted four other employees who all quit before him.

A January 27, 2020 chest x-ray revealed previous CABG but no CHF.

A January 29, 2020 computerized tomography (CT) scan of the chest demonstrated significantly decreased bilateral pleural effusions since the December 27, 2019 CT scan, trace residual fluid in the bilateral pleural spaces, subsegmental atelectasis in the lung bases, calcified granuloma in the right lung, and CABG. An ultrasound report of the chest of even date noted a right-sided thoracentesis with removal of a liter of fluid.

In a February 3, 2020 medical report, Dr. London diagnosed cough, shortness of breath, and status post CABG.

Appellant submitted additional evidence including laboratory testing results, dated April 21, 2020, which showed the results of hematology testing.

In a May 9, 2020 response to OWCP's development questionnaire, appellant contended that her December 17, 2019 injury resulted from added pressure to deliver more parcels, stress of meeting a deadline, as well as repetitive lifting, bending, pushing heavy equipment, and pulling equipment and parcels. She reiterated that on December 17, 2019 her postmaster demanded that she deliver more parcels after she already delivered many parcels. Appellant contended that this added more stress and pressure to her when she was already feeling overwhelmed. She noted that she also sorted, lifted, and delivered an excessive amount of mail and parcels earlier on December 14 and 16, 2019. Appellant explained that when deadlines were not met, she faced the threat of discipline from her supervisor. She contended that the lack of leave replacement over the past 12 years put a big strain on her heart and body. Appellant indicated that she had previously filed a grievance regarding the denial of her Thanksgiving holiday leave. She asserted that she engaged in no strenuous hobbies or activities outside of her work. Appellant acknowledged that she previously smoked for roughly 21 years, almost 20 cigarettes a day, but that she stopped smoking. She indicated that she was never previously diagnosed with CAD. Appellant reiterated that on December 17, 2020 she worked through her shift despite feeling chest tightening and other symptoms and contended that she ultimately sustained a heart attack while working. She noted that she might not have been in the right frame of mind by the time she went home as she felt disoriented. Appellant indicated that her chest pain worsened and she called for medical assistance around 8:30 p.m. She asserted that she notified the employing establishment of her situation that evening *via* a text message. Appellant alleged that her postmaster told her not to worry about anything after her heart attack.

In a May 14, 2020 statement, K.W., a coworker, alleged that the workload over the years significantly increased from the day she started working. She asserted that due to harassment and retaliation by management, there was more pressure added on carriers. K.W. indicated that the employees had previously filed "a class action" due to management's improper behavior. She contended that there was a tremendous amount of stress and anxiety placed on carriers at work.

In a May 17, 2020 witness statement, another coworker, J.S., supported that appellant was stressed at work due to how the office was managed. She alleged that on the date of appellant's heart attack, she saw their postmaster pushing a hamper full of parcels, which were due for delivery the next day, to appellant and asked her to deliver them. J.S., noted that appellant already had twice the normal volume. She also alleged that she had been previously overworked. J.S. further contended that leave requests were denied to some of her coworkers.

In a May 21, 2020 report, Dr. Wallace noted that appellant presented to the emergency department on December 17, 2019 with evidence of acute coronary syndrome and complaints of ongoing chest discomfort, nausea, dizziness, and left arm discomfort after a day of heavy repetitive lifting, bending, pushing heavy equipment, as well as enduring the pressure to finish an excessive workload. He noted that her electrocardiogram (EKG) was abnormal with some ST-segment elevation in the anterolateral leads. Dr. Wallace indicated that appellant was diagnosed with anterior ST-segment elevation myocardial infarction and underwent both cardiac catheterization and other procedures including urgent coronary grafting. He noted that appellant continued to be treated for the following six months and received medication for CHF. Dr. Wallace opined that mental stress and anxiety as well as repetitive heavy lifting, pushing, and bending "could have contributed to" her heart attack and "could contribute to" the possibility of a future heart attack. He further concluded that, based on "her premature age of onset of cardiovascular disease," work-

related stress was one of the contributing factors of appellant's heart condition. Dr. Wallace found that appellant was totally incapacitated due to her heart condition.

On August 6, 2020 OWCP provided Dr. Wallace with a copy of the recent statement of accepted fact (SOAF) that discussed the accepted factors of appellant's employment and requested that he submitted a narrative report addressing whether the accepted factors of her employment caused or contributed to her heart condition.

In an August 26, 2020 report, Dr. Wallace reiterated his findings and opinion in the May 21, 2020 report. He further diagnosed ischemic cardiomyopathy, CAD, and CABG, and myocardial infarction. Dr. Wallace again concluded that appellant was totally incapacitated.

By decision dated October 15, 2020, OWCP denied appellant's occupational disease claim, finding that the medical evidence of record was insufficient to establish that her diagnosed cardiac condition was causally related to the accepted factors of her federal employment.

LEGAL PRECEDENT

An employee seeking benefits under FECA[2] 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 employment factors identified by the claimant.[6]

[2] *Id*.

[3] *J.W.*, Docket No. 18-0678 (issued March 3, 2020); *S.B.*, Docket No. 17-1779 (issued February 7, 2018); *J.P.*, 59 ECAB 178 (2007); *Joe D. Cameron*, 41 ECAB 153 (1989).

[4] *J.S.*, Docket No.18-0657 (issued February 26, 2020); *J.M.*, Docket No. 17-0284 (issued February 7, 2018); *James E. Chadden, Sr.*, 40 ECAB 312 (1988).

[5] *L.J.*, Docket No. 19-1343 (issued February 26, 2020); *R.R.*, Docket No.18-0914 (issued February 24, 2020); *Delores C. Ellyett*, 41 ECAB 992 (1990).

[6] *S.C.*, Docket No. 18-1242 (issued March 13, 2019); *R.H.*, 59 ECAB 382 (2008).

Causal relationship is a medical issue, and the medical evidence required to establish causal relationship 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 identified by the employee.[8]

ANALYSIS

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

In an April 20, 2020 report, Dr. Wallace opined that stress from appellant's federal employment "in all likelihood played a role, along with her other risk factors," in premature development of her CAD. This report is speculative in nature. The Board has held that medical opinions that suggest that a condition was "likely" or "possibly" caused by work activities are speculative or equivocal in nature and have limited probative value.[9] Thus, Dr. Wallace's April 20, 2020 letter is of limited probative value and insufficient to meet appellant's burden of proof.

Likewise, in his May 21, 2020 report, Dr. Wallace noted that appellant presented to the emergency department on December 17, 2019 with evidence of acute coronary syndrome after a day of heavy repetitive lifting, bending, pushing heavy equipment, as well as enduring the pressure to finish an excessive workload. He diagnosed anterior ST-segment elevation myocardial infarction and CHF. Dr. Wallace opined that mental stress and anxiety as well as repetitive heavy lifting, pushing, and bending "could have contributed to" her heart attack and "could contribute to" the possibility of a future heart attack. He concluded that work-related stress was one of the contributing factors of appellant's heart condition based on her premature age of onset of cardiovascular disease. Similarly, in his August 26, 2020 report, Dr. Wallace reiterated his findings and opinion and further diagnosed cardiomyopathy, CAD, CABG, and myocardial infarction. As previously noted, the Board has held that medical opinions that are speculative or equivocal are of diminished probative value.[10] Moreover, the Board has held that generalized statements do not establish causal relationship as they are unsupported by adequate medical rationale explaining the pathophysiologic mechanism by which the accepted employment duties caused, aggravated, or accelerated the employee's diagnosed medical conditions.[11] As such, Dr. Wallace's May 21 and August 26, 2020 reports are insufficient to establish appellant's claim.

[7] *A.M.*, Docket No. 18-1748 (issued April 24, 2019); *T.H.*, 59 ECAB 388, 393 (2008); *Robert G. Morris*, 48 ECAB 238 (1996).

[8] *R.G.*, Docket No. 18-0792 (issued March 11, 2020); *D.J.*, Docket No. 19-1301 (issued January 29, 2020); *I.J.*, 59 ECAB 408 (2008); *Victor J. Woodhams*, 41 ECAB 345, 352 (1989).

[9] *J.R.*, Docket No. 20-0903 (issued April 22, 2021); *J.W.*, Docket No. 18-0678 (issued March 3, 2020).

[10] *Id*.

[11] *See S.O.*, Docket No. 21-0002 (issued April 29, 2021); *A.P.*, Docket No. 19-0224 (issued July 11, 2019).

In December 17 and 20, 2019 and March 24, 2020 reports, Dr. Wallace provided multiple diagnoses including CHF, CAD, CABG, myopathy, and myocardial infarction, and indicated that appellant underwent several surgical procedures. However, he did not provide an opinion on causation. Similarly, Dr. London, in his December 19, 2019 and February 3, 2020 reports, diagnosed atherosclerotic coronary vascular disease, ST-segment elevation myocardial infarction, ejection fraction, and status post CABG. However, he also did not address the cause of her diagnosed conditions. Likewise, a December 24, 2019 discharge summary and a December 29, 2019 progress report, Drs. Shetty and Behta diagnosed three-vessel CAD and bilateral plural effusion. However, they did not provide an opinion on causation. 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.[12] Therefore, this evidence is insufficient to meet appellant's burden of proof.

In a December 18, 2019 report, Dr. Crosland noted that appellant underwent right heart catheterization. However, he did not provide a medical diagnosis or reference the accepted employment factors in this report. Similarly, in his January 16 and March 19, 2020 reports, Dr. Wallace noted that appellant presented for routine follow-up to her last hospitalization and cardiac evaluation but failed to provide a medical diagnosis or reference the accepted employment factors. The Board has held that medical reports which do not provide a firm diagnosis or fail to render an opinion on causal relationship are of no probative value and are insufficient to establish the claim.[13] Thus, these reports are insufficient to establish appellant's claim.

Appellant also submitted multiple diagnostic studies. The Board has held that diagnostic studies, standing alone, lack probative value on the issue of causal relationship, as they do not provide an opinion as to whether the employment incident caused any of the diagnosed conditions.[14] Accordingly, these diagnostic studies are insufficient to establish appellant's claim.

Lastly, appellant submitted a December 17, 2019 form report from an unidentifiable healthcare provider. The Board has held that reports that are unsigned or bear an illegible signature lack proper identification and cannot be considered probative medical evidence as the author cannot be identified as a physician.[15] Therefore, this report is also insufficient to establish the claim.

As there is no rationalized medical evidence of record explaining how appellant's accepted factors of her employment caused or aggravated her cardiac condition, the Board finds that she has not met her burden of proof.

[12] *R.I.*, Docket No. 21-0033 (issued May 18, 2021); *E.G.*, Docket No. 20-1191 (issued April 5, 2021); *L.B.*, Docket No. 18-0533 (issued August 27, 2018); *D.K.*, Docket No. 17-1549 (issued July 6, 2018).

[13] *C.D.*, Docket No. 20-0858 (issued November 30, 2020); *A.K.*, Docket No. 20-0003 (issued June 2, 2020).

[14] *See K.C.*, Docket No. 20-1325 (issued May 5, 2021); *C.B.*, Docket No. 20-0464 (issued July 21, 2020).

[15] *T.D.*, Docket No. 20-0835 (issued February 2, 2021); *R.C.*, Docket No. 19-0376 (issued July 15, 2019); *L.B.*, Docket No. 18-0533 (issued August 27, 2018); *Merton J. Sills*, 39 ECAB 572, 575 (1988).

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 cardiac condition causally related to the accepted factors of her federal employment.

ORDER

IT IS HEREBY ORDERED THAT the October 15, 2020 decision of the Office of Workers' Compensation Programs is affirmed.

Issued: May 23, 2022
Washington, DC

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

Janice B. Askin, Judge
Employees' Compensation Appeals Board

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