

work on that date. Appellant's supervisor acknowledged on the claim form that appellant was injured in the performance of duty.

In a report dated May 12, 2020, Dr. David T. Schulz, a family medicine specialist, diagnosed right foot sprain. Appellant told Dr. Schulz that she injured her right foot on May 11, 2020 when she stepped in a hole/divot while on her route. On physical examination of the right foot, Dr. Schulz observed trace swelling to the dorsum of the forefoot, minor tenderness to palpation over the edema, and minimal discomfort with dorsi and plantarflexion of the toes. Review of x-rays demonstrated no acute abnormality.

Appellant submitted duty status reports (Forms CA-17) with illegible signatures dated May 12, June 22, and July 13, 2020. She also submitted a duty status report dated May 11, 2020 from an advanced practice registered nurse, who noted that appellant had sustained a right foot injury when stepping into a hole.

In a report dated June 22, 2020, Dr. Schulz diagnosed a closed displaced fracture of the third metatarsal bone of the right foot with routine healing.

On July 13, 2020 Dr. Schulz indicated that he examined appellant in follow-up for her fracture of the third metatarsal bone of the right foot. He noted a date of injury of May 11, 2020. Dr. Schulz noted that her foot was healing and that though she was not ready for full-time work he would decrease her limitations. The report included the results of an x-ray of appellant's right foot obtained on July 13, 2020, which demonstrated a fracture of the third metatarsal with subtle malalignment and angulation medially and dorsally.

In a development letter dated August 4, 2020, OWCP informed appellant of the deficiencies of her claim. It advised her of the type of factual and medical evidence needed and provided a questionnaire for her completion. OWCP afforded appellant 30 days to respond.

Appellant submitted a May 11, 2020 report by Nathalie Weis, a nurse practitioner, who noted that appellant had decreased range of motion, tenderness, and swelling of the right foot. Appellant's diagnosis was listed as contusion of the right foot, initial encounter.

In a report dated June 15, 2020, Dr. Schulz stated that appellant had returned to the clinic after a month of working following her foot injury. Appellant told Dr. Schulz that she had no reinjury since her initial injury in May 2020. On physical examination of the right foot, he observed swelling and tenderness along the dorsum. Review of x-rays indicated a healing fracture of the third metatarsal. Dr. Schulz diagnosed right foot strain, right foot pain, and a closed displaced fracture of the third metatarsal bone of the right foot with routine healing. He recommended use of a cast boot and work limitations.

On August 14, 2020 Dr. Schulz explained that appellant worked as a mail carrier on May 11, 2020 and stepped into a hole while in the performance of duty. Radiographs obtained on that date did not demonstrate a fracture and she was diagnosed with foot strain. Appellant returned to the clinic on June 15, 2020 with increasing foot pain and pain with walking. She denied reinjury. An x-ray obtained on that date demonstrated a nondisplaced fracture of the fifth metatarsal. Appellant was placed in a cast boot at that time and placed on work limitations due to the fracture. She returned to full-duty work on August 17, 2020. Dr. Schulz noted that if appellant had a stress

fracture, it would not have been demonstrated on x-ray. He stated that she had a history of fracture with similar history in the past and had continued to work with increasing discomfort after May 11, 2020. Dr. Schulz opined that the performance of her federal employment with a possible stress fracture could have easily, with time, developed into a fracture.

By decision dated September 8, 2020, OWCP denied appellant's claim, finding that she had not submitted sufficient medical evidence to establish that the accepted May 11, 2020 employment incident caused or aggravated her diagnosed right foot conditions. It concluded, therefore, that the requirements had not been met to establish an injury and/or a medical condition causally related to the accepted employment incident.

OWCP subsequently received additional medical evidence. In an August 3, 2020 report, Dr. Schulz followed up with appellant for her diagnosed nondisplaced fifth metatarsal fracture. Appellant stated that she had no significant pain, numbness, or tingling of the foot and continued to work using a cast boot. An x-ray of her right foot obtained on that date demonstrated a fracture deformity of the distal third metatarsal shaft with bulky callus formation around the fracture, which remained incompletely united with persistent mild apex plantar-lateral angulation. Appellant's bones were demineralized and no definite additional fracture was identified.

In a report dated August 13, 2020, Dr. Schulz assessed appellant for her diagnosed nondisplaced fifth metatarsal fracture and noted that she had been slowly converting from a cast boot to regular footwear as she stated she was doing better. Appellant stated that she had no pain in the foot and no pain converting to regular footwear. Physical examination of the right foot was normal. Dr. Schulz released her to work full duty.

On September 7, 2021 appellant requested reconsideration.

By decision dated December 6, 2021, OWCP denied modification of the September 8, 2020 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 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

² *Id.*

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).

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 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 that the employee must submit 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 and can be established only by medical evidence.⁶

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 identified by the employee.⁸

Pursuant to OWCP's procedures, no development of a claim is necessary where the condition reported is a minor one which can be identified on visual inspection by a lay person (*e.g.*, burn, laceration, insect sting or animal bite), where the injury was witnessed or reported promptly and no dispute exists, and when no time was lost from work due to disability. In cases where there is a serious injury (motor vehicle accidents, stabbings, shootings, *etc.*), the employing establishment does not dispute the facts of the case, and there are no questionable circumstances, the case may be accepted for a minor condition (such as a laceration in a stabbing case) without a medical report, while simultaneously developing the case for other more serious conditions. This is true even if there is lost time due to such a serious injury.⁹

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.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).

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 Federal (FECA) Procedure Manual, Part 2 -- Claims, *Initial Development of Claims*, Chapter 2.800.6(a) (June 2011); *id.* at *Causal Relationship*, Chapter 2.805.3(c) (January 2013). See also *R.H.*, Docket No. 20-1684 (issued August 27, 2021); *A.J.*, Docket No. 20-0484 (issued September 2, 2020).

ANALYSIS

The Board finds that appellant has established a right foot contusion causally related to the accepted May 11, 2020 employment incident.

Appellant has alleged and OWCP has accepted that she rolled her right foot on May 11, 2020 when she stepped into a hole while delivering mail. The evidence of record establishes that appellant was initially seen on May 11, 2020 by a nurse practitioner, Nathalie Weis. Ms. Weis noted that appellant had decreased range of motion, tenderness, and swelling of the right foot. Appellant's diagnosis was listed as contusion of the right foot, initial encounter. The Board thus finds that the evidence of record establishes that the accepted May 11, 2020 employment incident resulted in a visible injury of right foot contusion.¹⁰ The Board will, therefore, reverse the decision in part and remand the case for payment of medical expenses and wage-loss compensation for any attendant disability due to appellant's accepted contusion.¹¹

The Board further finds, however, that appellant has not established additional conditions as causally related to the accepted employment injury.

In a report dated May 12, 2020, Dr. Schulz diagnosed right foot sprain. Appellant returned to the clinic on June 15, 2020 with increasing foot pain and pain with walking. She denied reinjury. An x-ray obtained on that date demonstrated a nondisplaced fracture of the fifth metatarsal. Dr. Schulz noted that appellant stepped into a hole and that if there was a stress fracture, it would not have been demonstrated on x-ray. He stated that she had a history of fracture with similar history in the past and had continued to work with increasing discomfort after May 11, 2020. In a report dated June 22, 2020, Dr. Schulz diagnosed a closed displaced fracture of the third metatarsal bone of the right foot with routine healing. On July 13, 2020 he examined appellant for a follow up on her diagnosis of third metatarsal bone of the right foot with routine healing. Dr. Schulz noted a date of injury of May 11, 2020. On August 3, 2020 he followed up with appellant for her diagnosed nondisplaced fifth metatarsal fracture. An x-ray of appellant's right foot obtained on that date demonstrated a fracture deformity of the distal third metatarsal shaft with bulky callus formation around the fracture, which remained incompletely united with persistent mild apex plantar-lateral angulation. Her bones were demineralized and no definite additional fracture was identified. In a report dated August 13, 2020, Dr. Schulz assessed appellant for her diagnosed nondisplaced fifth metatarsal fracture. Physical examination of the right foot was normal. Dr. Schulz released her to work full duty. None of these reports, however, provide 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

¹⁰ See *B.W.* Docket No. 22-0134 (issued May 24, 2022) (the Board accepted a visible injury of lower back/buttocks contusion as causally related to the accepted employment incident); *S.K.*, Docket No. 18-1411 (issued July 22, 2020) (the Board accepted visible injuries including bruises as causally related to the accepted employment incident).

¹¹ See *W.R.*, Docket No. 20-1101 (issued January 26, 2021); *A.J.*, Docket No. 20-0484 (issued September 2, 2020).

relationship.¹² This evidence is therefore of no probative value and insufficient to establish expansion of the claim.

On August 14, 2020 Dr. Schulz explained that appellant worked as a mail carrier on May 11, 2020 and stepped into a hole while in the performance of duty. Radiographs obtained on that date did not demonstrate a fracture and she was diagnosed with foot strain. Dr. Schulz opined that the performance of her federal employment with a possible stress fracture could have easily, with time, developed into a fracture. The Board has held that the opinion of a physician supporting causal relationship must not be speculative or equivocal.¹³ The Board thus finds that the August 14, 2020 opinion of Dr. Schulz is of limited probative value and is insufficient to establish expansion of the claim.

Appellant submitted duty status reports with illegible signatures dated May 12, June 22, and July 13, 2020. The Board has held that medical evidence containing an illegible signature or which is unsigned has no probative value, as it is not established that the author is a physician.¹⁴ As such, these duty status reports are insufficient to meet appellant's burden of proof.

As the medical evidence of record is insufficient to establish causal relationship between any additional diagnosed right foot conditions and the accepted May 11, 2020 employment injury, the Board finds that appellant has not met her 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 established a right foot contusion causally related to the accepted May 11, 2020 employment incident. The Board further finds that she has not established additional conditions as causally related to the accepted May 11, 2020 employment injury.

¹² *D.C.*, Docket No. 19-1093 (issued June 25, 2020); *see L.B.*, Docket No. 18-0533 (issued August 27, 2018); *D.K.*, Docket No. 17-1549 (issued July 6, 2018).

¹³ *P.W.*, Docket No. 20-0407 (issued July 17, 2020); *Ricky S. Storms*, 52 ECAB 349 (2001).

¹⁴ *See Z.G.*, 19-0967 (issued October 21, 2019); *see R.M.*, 59 ECAB 690 (2008); *Merton J. Sills*, 39 ECAB 572, 575 (1988); *Bradford L. Sullivan*, 33 ECAB 1568 (1982).

ORDER

IT IS HEREBY ORDERED THAT the December 6, 2021 decision of the Office of Workers' Compensation Programs is reversed in part and affirmed in part. The case is remanded for further proceedings consistent with this decision of the Board.

Issued: October 31, 2022
Washington, DC

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

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

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