

FACTUAL HISTORY

On March 22, 2022 appellant, then a 58-year-old city carrier, filed a traumatic injury claim (Form CA-1) alleging that he injured his left hip in the performance of duty on March 22, 2022. He explained that he was attacked by four dogs who charged at him, and that he sustained injury while stepping backward and placing weight on his left hip. Appellant stopped work on March 22, 2022.

On March 24, 2022 appellant was seen by Dr. Christine Yang-Kauh, a Board-certified emergency medicine physician. Dr. Yang-Kauh noted appellant's March 22, 2022 history of injury and his unspecified hip pain. She opined that the incident was the probable medical cause of his condition. Dr. Yang-Kauh advised appellant to return to work on light duty with restrictions.

Dr. Yang-Kauh completed an attending physician's report, Part B of an authorization for examination and/or treatment (Form CA-16) on March 24, 2022. She indicated that appellant could return to work as of March 25, 2022 on light duty with restrictions. Dr. Yang-Kauh noted diagnoses of left hip pain and possible bursitis. She further indicated by marking the form that the diagnosed condition was caused or aggravated by the employment activity described.

On March 25, 2022 the employing establishment issued a completed Form CA-16.

By development letter dated April 12, 2022, OWCP informed appellant of the deficiencies of his claim. It advised him of the type of factual and medical evidence needed and provided a questionnaire for his completion. OWCP afforded appellant 30 days to respond.

On April 5, 2022 appellant was seen by Dr. Stephen Wade, Board-certified in pain medicine. Appellant related to Dr. Wade that on March 22, 2022 he twisted his left hip while trying to move away from multiple dogs attacking him on his mail route. He indicated that he previously had a left total hip replacement performed on June 26, 2020 by Dr. Steven Zelicof, a Board-certified orthopedic surgeon. Dr. Wade's assessment found specific joint derangements of the left hip, as well as left hip pain. He opined that the alleged work incident was the medical cause of appellant's conditions. Dr. Wade also found that appellant's history of injury was consistent with his objective findings. He further noted that appellant was totally disabled from work.

An x-ray report signed by Dr. Wade on April 5, 2022 indicated that no dislocation was noted in appellant's left hip.

On April 21, 2022 appellant was seen by Dr. Zelicof. Dr. Zelicof noted appellant's history of injury. He diagnosed iliotibial band syndrome in the left leg, and strain of unspecified muscles and fascia and tendons at thigh level in left thigh. Dr. Zelicof further related that appellant's radiographs demonstrated good position and alignment of his previous left hip replacement. He indicated that appellant could likely return to work on May 4, 2022 with restrictions.

By decision dated May 18, 2022, OWCP accepted that the March 22, 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 left hip conditions and the accepted March 22, 2022 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 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 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 an employee sustained a traumatic injury in the performance of duty, it must first 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 actually experienced the employment incident that allegedly occurred. The second component is whether the employment incident caused a personal injury. 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.⁶

Causal relationship is a medical question that requires rationalized medical opinion evidence to resolve the issue.⁷ 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.⁸ 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.⁹ Neither the mere fact that a disease or condition manifests itself during a period of employment,

³ 5 U.S.C. § 8101.

⁴ *J.M.*, Docket No. 17-0284 (issued February 7, 2018); *R.C.*, 59 ECAB 427 (2008); *James E. Chadden, Sr.*, 40 ECAB 312 (1988).

⁵ *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).

⁶ *M.H.*, Docket No. 18-1737 (issued March 13, 2019); *John J. Carlone*, 41 ECAB 354 (1989).

⁷ *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).

⁸ *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).

⁹ *Id.*

nor the belief that the disease or condition was caused or aggravated by employment factors or incidents is sufficient to establish causal relationship.¹⁰

In any case where a preexisting condition involving the same part of the body is present and the issue of causal relationship, therefore, involves aggravation, acceleration, or precipitation, the physician must provide a rationalized medical opinion that differentiates between the effects of the work-related injury or disease and the preexisting condition.¹¹

ANALYSIS

The Board finds that appellant has not met his burden of proof to establish a left hip condition causally related to the accepted March 22, 2022 employment incident.

Appellant submitted a medical report from Dr. Yang-Kauh dated March 24, 2022 wherein she noted appellant's history of injury on March 22, 2022 and related a diagnosis of unspecified hip pain. Dr. Yang-Kauh indicated that the accepted incident was the probable medical cause. The Board has held that pain alone is a symptom, not a medical diagnosis, and that findings of pain or discomfort alone do not satisfy the medical aspect of the fact of injury medical determination.¹²

OWCP also received Part B of a Form CA-16 from Dr. Yang-Kauh wherein she noted appellant's left hip pain, indicated his work restrictions, and diagnosed possible bursitis. Dr. Yang-Kauh marked the form indicating her belief that the condition was caused or aggravated by the employment activity described. This opinion is speculative in nature as she only identified a possible diagnosis. The Board has held that medical opinions that are speculative or equivocal are of diminished probative value.¹³

Dr. Wade, in his medical report dated April 5, 2022, opined that the accepted employment incident was the medical cause of appellant's hip pain and specific joint derangements of the left hip. He did not, however, provide a rationalized medical opinion regarding causal relationship. Dr. Wade did not specifically explain how the employment incident physiologically caused the specific joint derangements. Medical opinion evidence should offer a medically-sound explanation of how the specific employment incident or work factors, physiologically caused injury.¹⁴ Further, appellant related to Dr. Wade that he previously had a left total hip replacement on June 26, 2020. If work-related exposures caused, aggravated, or accelerated appellant's

¹⁰ *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).

¹¹ Federal (FECA) Procedure Manual, Part 2 -- Claims, *Causal Relationship*, Chapter 2.805.3e (January 2013); *M.B.*, Docket No. 20-1275 (issued January 29, 2021); *see R.D.*, Docket No. 18-1551 (issued March 1, 2019).

¹² *T.M.*, Docket No. 22-0220 (issued July 29, 2022); *see F.U.*, Docket No. 18-0078 (issued June 6, 2018); Federal (FECA) Procedure Manual, Part 2 -- Claims, *Fact of Injury*, Chapter 2.803.4a(6) (August 2012).

¹³ *N.H.*, Docket No. 21-1133 (issued February 25, 2022); *see D.B.*, Docket No. 20-0775 (issued July 28, 2021).

¹⁴ *O.E.*, Docket No. 20-0554 (issued October 16, 2020); *L.R.*, Docket No. 16-0736 (issued September 2, 2016).

condition, he could be entitled to compensation.¹⁵ However, a well-rationalized opinion is particularly warranted when there is a history of a preexisting condition.¹⁶ As such, Dr. Wade's report lacks the specificity and detail needed to establish that appellant's diagnosed left hip condition was a result of the accepted employment incident.¹⁷ This report is, therefore, of limited probative value and insufficient to establish causal relationship.¹⁸

Appellant also submitted a report from Dr. Zelicof dated April 21, 2022 wherein he diagnosed iliotibial band syndrome in the left leg, and strain of unspecified muscles and fascia and tendons at thigh level in left thigh. Dr. Zelicof did not provide an opinion regarding 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.¹⁹

OWCP additionally received an x-ray report of appellant's left hip. However, diagnostic studies standing alone lack probative value, as they do not address whether the employment incident caused a diagnosed condition.²⁰

As appellant the medical evidence of record is insufficient to establish causal relationship between his diagnosed medical conditions and the accepted March 22, 2022 employment incident, the Board finds that he has not met his burden of proof to establish his claim.²¹

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 left hip condition causally related to the accepted March 22, 2022 employment incident.

¹⁵ *P.G.*, Docket No. 19-1827 (issued May 15, 2020); *M.E.*, Docket No. 18-1135 (issued January 4, 2019).

¹⁶ *J.H.*, Docket No. 20-1645 (issued August 11, 2021); *T.M.*, Docket No. 08-0975 (issued February 6, 2009).

¹⁷ *Id.*; *see also T.C.*, Docket No. 19-0227 (issued July 11, 2019).

¹⁸ *J.N.*, Docket No. 21-0606 (issued November 23, 2021); *T.W.*, Docket No. 20-0767 (issued January 13, 2021); *see H.A.*, Docket No. 18-1466 (issued August 23, 2019).

¹⁹ *L.B.*, Docket No. 18-0533 (issued August 27, 2018); *D.K.*, Docket No. 17-1549 (issued July 6, 2018).

²⁰ *A.O.*, Docket No. 21-0968 (issued March 18, 2022); *see M.S.*, Docket No. 19-0587 (issued July 22, 2019).

²¹ The Board notes that the employing establishment issued a Form CA-16, dated March 25, 2022. A completed Form CA-16 authorization may constitute a contract for payment of medical expenses to a medical facility or physician, when properly executed. The form creates a contractual obligation, which does not involve the employee directly, to pay for the cost of the examination or treatment regardless of the action taken on the claim. *See* 20 C.F.R. § 10.300(c); *V.S.*, Docket No. 20-1034 (issued November 25, 2020); *J.G.*, Docket No. 17-1062 (issued February 13, 2018); *Tracy P. Spillane*, 54 ECAB 608 (2003).

ORDER

IT IS HEREBY ORDERED THAT the May 18, 2022 decision of the Office of Workers' Compensation Programs is affirmed.

Issued: October 27, 2022
Washington, DC

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

Janice B. Askin, Judge
Employees' Compensation Appeals Board

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