

FACTUAL HISTORY

On April 7, 2022 appellant, then a 57-year-old rural delivery specialist, filed a traumatic injury claim (Form CA-1) alleging that on March 11, 2022 she sustained injuries to her head, neck, chest, right elbow, right knee, left shoulder, left arm, and abdominal area when she was involved in a motor vehicle incident while in the performance of duty.

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

Hospital records were received regarding appellant's admission on March 11, 2022. Appellant's complaints of neck, back, and abdominal pain were noted. An x-ray of the right knee obtained on March 11, 2022 demonstrated degenerative changes with no acute fracture. An x-ray of the right elbow obtained on the same date demonstrated minimal soft tissue swelling that may reflect contusion, with no fracture or joint effusion identified. A computerized tomography (CT) scan of the chest obtained on the same date demonstrated degenerative changes and no acute intrathoracic process. CT scans of the cervical spine and brain obtained on the same date demonstrated no acute process.

In a report signed on March 15, 2022 Dr. Brad Moody, a Board-certified surgeon, diagnosed an incidental finding of peristalsis or intussusception of the left upper quadrant. In a discharge summary of the same date, he diagnosed findings of intussusception and abdominal pain.

A magnetic resonance imaging scan of the cervical spine obtained on March 21, 2022 demonstrated degenerative multilevel cervical spondylosis, greatest at C5-6. An x-ray of the left shoulder obtained on March 25, 2022 demonstrated no acute findings. A CT scan of the abdomen obtained on the same date demonstrated no acute inflammatory process.

By decision dated May 19, 2022, OWCP accepted that the March 11, 2022 employment incident occurred, as alleged. However, it denied the claim, finding that the medical evidence of record was insufficient to establish a diagnosed medical condition in connection with the accepted employment incident. OWCP concluded, therefore, that appellant had not met the requirements to establish an injury as defined by FECA.

LEGAL PRECEDENT

An employee seeking benefits under FECA 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 timely filed within the applicable time limitation period 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

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

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 if an employee has sustained a traumatic injury in the performance of duty, OWCP begins with an analysis of whether fact of injury has been established. 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 at the time, place, and in the manner alleged.⁶ The second component is whether the employment incident caused a personal injury.⁷

Rationalized medical opinion evidence is required to establish causal relationship. The opinion of the physician must be based on a complete factual and medical background, 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 the specific employment incident.⁸

ANALYSIS

The Board finds that appellant has not met his burden of proof to establish a diagnosed medical condition in connection with the accepted March 11, 2022 employment incident.

In a March 15, 2022 report and a discharge summary of the same date, Dr. Moody diagnosed an incidental finding of peristalsis or intussusception of the left upper quadrant and abdominal pain. However, he noted that the diagnosis of peristalsis or intussusception was “incidental,” not in connection with the accepted March 11, 2022 incident. Regarding the diagnosis of abdominal pain, the Board has held that a diagnosis of “pain” is a symptom and not a firm diagnosis.⁹

OWCP received a March 11, 2022 x-ray report of appellant’s right elbow which indicated minimal soft tissue swelling that may reflect contusion, with no fracture or joint effusion identified.

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 *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 *B.P.*, Docket No. 16-1549 (issued January 18, 2017); *Elaine Pendleton*, 40 ECAB 1143 (1989).

⁷ *M.H.*, Docket No. 18-1737 (issued March 13, 2019); *John J. Carlone*, 41 ECAB 354 (1989).

⁸ *M.O.*, Docket No. 19-1398 (issued August 13, 2020); *J.L.*, Docket No. 18-1804 (issued April 12, 2019).

⁹ *T.H.*, Docket No. 19-1891 (issued April 3, 2020); *M.V.*, Docket No. 18-0884 (issued December 28, 2018). The Board has consistently held that pain is a symptom, rather than a compensable medical diagnosis. *See P.S.*, Docket No. 12-1601 (issued January 2, 2013); *C.F.*, Docket No. 08-1102 (issued October 10, 2008).

However, a finding that appellant “may” have a diagnosed condition is speculative and is not a firm diagnosis.¹⁰

Appellant also submitted diagnostic reports dated March 11, 21, and 25, 2022, which indicated degenerative changes, but no acute findings. The Board has held that a medical report lacking a firm diagnosis and a rationalized medical opinion regarding causal relationship is of no probative value.¹¹ Therefore, these reports are insufficient to establish appellant’s claim.

As the medical evidence of record is insufficient to establish a diagnosed medical condition in connection with the March 11, 2022 employment incident, 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 not met her burden of proof to establish a diagnosed medical condition in connection with the accepted March 11, 2022 employment incident.

¹⁰ *B.B.*, Docket No. 21-0284 (October 5, 2022); *E.W.*, Docket No. 19-1393 (issued January 29, 2020); *Gary L. Fowler*, 45 ECAB 365 (1994).

¹¹ *L.P.*, Docket No. 19-1812 (issued April 16, 2020); *P.C.*, Docket No. 18-0167 (issued May 7, 2019).

ORDER

IT IS HEREBY ORDERED THAT the May 19, 2022 decision of the Office of Workers' Compensation Programs is affirmed.

Issued: April 13, 2023
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