

FACTUAL HISTORY

On March 30, 2021 appellant, then a 68-year-old sales services distribution associate, filed a traumatic injury claim (Form CA-1) alleging that on March 26, 2021 he bruised his right knee and upper front left leg when he fell over boxes in a walkway as he carried a customer's heavy parcel to a window while in the performance of duty. He stopped work on the date of injury.

In support of his claim, appellant submitted a March 30, 2021 attending physician's report (Form CA-20) from Dr. Mark Dawson, an attending family practitioner. Dr. Dawson noted a history that on March 26, 2021 appellant tripped and fell at work. He diagnosed rib contusion and checked a box marked "Yes" indicating that the condition was caused or aggravated by an employment activity. Dr. Dawson also indicated that appellant was totally disabled from March 26 through April 9, 2021 and he could resume regular work on April 9, 2021.

OWCP subsequently received additional medical evidence from Dr. Dawson. In duty status reports (Form CA-17) dated March 30, April 8, May 5 and 7, June 25, and July 30, 2021, Dr. Dawson noted a history of injury that on March 26, 2021 appellant tripped over packages and fell face first to the ground. He diagnosed contusion of the chest wall and rib injury. Dr. Dawson indicated that the diagnoses were due to injury. He also indicated that appellant could not resume work.

Dr. Dawson provided progress reports dated April 8, May 7 and 21, and July 30, 2021. In his May 21, 2021 report, he related that appellant had been seen in an emergency room on March 26, 2021 for right knee and right rib pain. In these reports, Dr. Dawson discussed appellant's physical examination findings and diagnosed unspecified fall, sequela; and contusion of the left front wall of thorax, subsequent encounter. He placed appellant off work for another two weeks following his May 7, 2021 examination and for one month following his May 21, 2021 examination.

OWCP, in a November 9, 2021 development letter, informed appellant of the deficiencies of his claim. It advised him of the type of factual and medical evidence necessary to establish his claim and provided a questionnaire for his completion. OWCP afforded appellant 30 days to respond.

OWCP thereafter received an undated Form CA-17 report and Form CA-17 reports dated May 21, September 10, and October 29, 2021 from Dr. Dawson who reiterated appellant's history of injury on March 26, 2021, repeated his prior diagnoses of rib contusion and rib injury, again advised that these conditions were due to injury, and restated that he could not resume work.

By decision dated December 16, 2021, OWCP accepted that the March 26, 2021 employment incident occurred, as alleged, but denied appellant's traumatic injury claim, finding that the medical evidence of record was insufficient to establish his diagnosed medical condition was causally related to the accepted employment incident. It concluded, therefore, that the requirements had not been met to establish an injury as defined by FECA.

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,⁴ 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.⁵ 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.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. There are two components involved in establishing fact of injury. First, 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. Second component is whether the employment incident caused a personal injury and can be established only by medical evidence.⁷

The medical evidence required to establish causal relationship between a claimed specific condition and an employment incident is rationalized medical opinion evidence.⁸ 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.⁹

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.*,

³ *Supra* note 1.

⁴ *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).

⁵ *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).

⁶ *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).

⁷ *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).

⁸ *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).

⁹ *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).

burn, laceration, insect sting, or animal bite).¹⁰ No medical report is required to establish a minor condition such as a laceration.¹¹

ANALYSIS

The Board finds that appellant has met his burden of proof to establish a contusion of the chest wall and rib causally related to the accepted March 26, 2021 employment incident.

The Board notes that, pursuant to Federal (FECA) Procedure Manual, Part 2 -- Claims, *Initial Development of Claims*, Chapter 2.800.6(a) (June 2011), if a condition reported is a minor one, such as a burn, laceration, insect sting, or animal bite, which can be identified on visual inspection by a lay person, a case may be accepted without a medical report and no development of the case need be undertaken, if the injury was witnessed or reported promptly, and no dispute exists as to the occurrence of an injury; and no time was lost from work due to disability.¹² This section of OWCP's procedures further states that in cases of serious injury (motor vehicle accidents, stabbings, shootings, etc.) if 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 laceration, without a medical report, while simultaneously developing the case for other more serious conditions.¹³ The record contains an attending physician's report and duty status reports (Form CA-17) dated March 30, April 8, May 5 and 7, June 25, and July 30, 2021, from Dr. Dawson who noted a history of injury that on March 26, 2021 appellant tripped over packages and fell face first to the ground. Dr. Dawson diagnosed contusion of the chest wall and rib.

The Board finds that this information is sufficient to meet the standards set forth in OWCP's procedures for accepting a contusion of the chest wall and rib without a medical report from a qualified physician. Based on the description of the condition, it was a minor condition identifiable on visual inspection by a lay person.¹⁴

Accordingly, the December 16, 2021 decision is reversed to find that the claim is accepted for contusion chest wall and rib. Upon return of the case record OWCP shall make payment and/or reimbursement of medical expenses with regard to the accepted contusion of the chest wall and rib.¹⁵

¹⁰ Federal (FECA) Procedure Manual, Part 2 -- Claims, *Causal Relationship*, Chapter 2.800.6(a) (June 2011).

¹¹ *Id.*; see *B.C.*, Docket No. 20-0498 (issued August 27, 2020) (the Board accepted lumbar contusion as causally related to the accepted employment incident); *S.H.*, Docket No. 20-0113 (issued June 24, 2020) (the Board accepted a right ankle contusion as causally related to the accepted employment incident); *M.A.*, Docket No. 13-1630 (issued June 18, 2014).

¹² See *supra* note 10.

¹³ *Id.*

¹⁴ See *supra* note 11

¹⁵ See *supra* note 10.

The Board also finds that appellant has not established additional compensable diagnosed conditions or entitlement to wage-loss compensation. The record indicates that appellant did not return to work immediately following the incident of March 26, 2021 and that he has not alleged any specific dates of disability due to this condition.

Appellant submitted a March 30, 2021 report from Dr. Dawson who noted a history that on March 26, 2021 appellant tripped and fell at work. Dr. Dawson diagnosed rib contusion and checked a box marked “Yes” indicating that the condition was caused or aggravated by an employment activity. He also indicated that appellant was totally disabled from March 26 through April 9, 2021 and he could resume regular work on April 9, 2021. The Board has held that when a physician’s opinion as to the cause of a condition consists only of a checkmark on a form, without further explanation or rationale, that opinion is of diminished probative value and is insufficient to establish a claim.¹⁶ Dr. Dawson did not provide a pathophysiological explanation as to how tripping and falling caused or aggravated appellant’s diagnosed rib condition and resultant disability status.¹⁷ Thus, the Board finds that his March 30, 2021 report is insufficient to establish appellant’s claim.

In Form CA-17 reports dated March 30 through October 29, 2021 and an undated Form CA-17 report, Dr. Dawson described the March 26, 2021 employment incident. He diagnosed contusion of the chest wall and rib injury due to injury and found that appellant was totally disabled from work. The Board finds, however, that these reports are of limited probative value because Dr. Dawson did not provide a rationalized medical opinion explaining the medical process through which the accepted March 26, 2021 employment incident could have caused the diagnosed condition and resultant disability. The Board has held that a report is of limited probative value regarding causal relationship if it does not contain medical rationale explaining how an employment activity could have caused or aggravated a medical condition.¹⁸ Therefore, these reports are insufficient to establish appellant’s claim.

Dr. Dawson’s remaining reports dated April 8, May 7 and 21, and July 30, 2021 did not provide an opinion addressing whether appellant’s diagnoses of unspecified fall, sequela; contusion of the left front wall of thorax, subsequent encounter; and rib pain, and his disability status were causally related to the March 26, 2021 employment incident. The Board has held that a medical report is of no probative value if it does not offer an opinion as to whether the accepted employment incident caused or aggravated the claimed condition.¹⁹ These reports are therefore insufficient to establish appellant’s claim.

¹⁶ *A.C.*, Docket No. 21-0087 (issued November 9, 2021); *A.R.*, Docket No. 18-1339 (issued May 19, 2020); *O.M.*, Docket No. 18-1055 (issued April 15, 2020); *Gary J. Watling*, 52 ECAB 278 (2001).

¹⁷ *T.H.*, Docket No. 18-1736 (issued March 13, 2019).

¹⁸ See *T.F.*, Docket No. 21-0516 (issued September 15, 2021); *Y.D.*, Docket No. 16-1896 (issued February 10, 2017).

¹⁹ *G.J.*, Docket No. 21-0528 (issued February 1, 2022); *L.E.*, Docket No. 19-0470 (issued August 12, 2019); *M.J.*, Docket No. 18-1114 (issued February 5, 2019); *L.B.*, Docket No. 18-0533 (issued August 27, 2018); *D.K.*, Docket No. 17-1549 (issued July 6, 2018).

In so far as Dr. Dawson related in his May 21, 2021 report that appellant had a history of right knee pain since March 26, 2021, the Board has held that pain is a symptom and not a compensable medical diagnosis.²⁰ For this reason, Dr. Dawson's report is insufficient to meet appellant's burden of proof.

As appellant did not submit any medical evidence from a qualified physician containing a compensable diagnosis addressing specific dates of disability, the Board finds that he has not established entitlement to wage-loss compensation based upon his accepted condition of contusion of the chest wall and rib.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 met his burden of proof to establish a contusion of the chest wall and rib causally related to the accepted March 26, 2021 employment incident. The Board further finds that he has not established disability causally related to the accepted March 26, 2021 employment injury.

²⁰ See *S.L.*, Docket No. 19-1536 (issued June 26, 2020); *D.Y.*, Docket No. 20-0112 (issued June 25, 2020).

²¹ See *M.A.*, *supra* note 11.

ORDER

IT IS HEREBY ORDERED THAT the December 16, 2021 decision of the Office of Workers' Compensation Programs is reversed in part and affirmed in part.

Issued: February 22, 2023
Washington, DC

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

Janice B. Askin, Judge
Employees' Compensation Appeals Board

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