

FACTUAL HISTORY

On August 5, 2021 appellant, then a 38-year-old city carrier, filed an occupational disease claim (Form CA-2) alleging that she developed pain in her forearm, lateral epicondylitis, and bone spurs caused by Achilles tendinitis due to the factors of her federal employment. She related that she developed pain due to constant walking while delivering mail and the repetitive actions of opening mailboxes and lifting heavy boxes. Appellant noted that she first became aware of her conditions and realized their relation to her federal employment on May 26, 2021. She stopped work on July 22, 2021.

Along with her claim, appellant submitted a July 20, 2021 letter in which Dr. Stefan Coombs, an orthopedic surgeon, diagnosed lateral epicondylitis and recommended work restrictions. She also submitted an August 5, 2021 position description and undated salary information.

In an August 5, 2021 development letter, OWCP informed appellant of the deficiencies of her claim. It advised her of the type of factual and medical evidence needed to establish her claim and provided a factual questionnaire for her completion. OWCP afforded appellant 30 days to submit the necessary evidence.

Thereafter, appellant submitted a May 26, 2021 visit note from an unidentified nurse practitioner indicating that appellant should remain off work until May 28, 2021.

OWCP also received a July 16, 2021 physical therapy referral from Dr. Shelton McKenzie, a Board-certified orthopedic surgeon, and an unsigned letter of even date requesting that appellant be placed on light duty for three months and be permitted to attend physical therapy twice per week.

In an August 5, 2021 report, Dr. Robert Wilson, a Board-certified orthopedic surgeon, noted a diagnosis of right lateral epicondylitis. A duty status report (Form CA-17) and form report of even date signed by an unknown physician recommended work restrictions until October 20, 2021.

In an August 16, 2021 report, Dr. McKenzie diagnosed right insertional Achilles tendinitis and noted tenderness and swelling at the Achilles tendon. In a form report of even date, he recommended work restrictions and held appellant off work until September 27, 2021.

An August 16, 2021 Form CA-17 from Dr. McKenzie noted tenderness of the Achilles tendon and reiterated a diagnosis of Achilles tendinitis. OWCP also received an undated appointment list.

By decision dated September 16, 2021, OWCP denied appellant's claim, finding that she had not submitted sufficient evidence to establish that the claimed events occurred as alleged. Consequently, it found that she had not met the requirements to establish an injury as defined by FECA.

On October 14, 2021 appellant requested an oral hearing before a representative of OWCP's Branch of Hearings and Review, which was held on February 8, 2022.

Appellant continued to submit evidence, including an undated letter asserting that her supervisor had stopped mail delivery to the apartment building where the outdated mailboxes were causing pain to her arm, and she further asserted that her supervisor tried to get the building's management to fix the boxes. She also submitted a June 4, 2021 letter from the U.S. Postal Service informing the building's property management that mail delivery would be suspended immediately due to the unsafe condition of the mailboxes, as well as a June 6, 2021 undelivered mail report.

In an October 8, 2021 letter, Dr. Rolanda Willacy, an orthopedic surgeon, noted that appellant had engaged in prolonged walking as a mail carrier and opined that it had exacerbated her medical conditions. She further noted that appellant's right foot required therapy due to excessive walking and that her Achilles tenderness had caused a bone spur to grow.

In an October 12, 2021 response to OWCP's development questionnaire, appellant related that she had been a mail carrier since December 12, 2016 and that her job required her to walk for six to eight hours per day, at least five days a week. She noted that in October 2020, she changed postal stations and began delivering mail to a high-rise building where the mailboxes were very old and hard to access. Appellant reported that her arm would periodically hurt after completing delivery to this building, but she continued her duties because the pain was not constant. She recounted that in May 2021 her pain became an everyday occurrence and grew overwhelming, so she informed her supervisor and made an appointment with her doctor.

In an October 14, 2021 letter, Dr. Coombs noted that on July 20, 2021 appellant was diagnosed with lateral epicondylitis in her right arm and recommended work restrictions. He further noted that she was placed on employment leave due to the constant lifting, pulling, and tugging on boxes that had caused injury to her right arm and elbow.

In a letter dated January 11, 2022, Dr. Keli Doe, an orthopedic surgeon, noted that appellant was being treated by Dr. Wilson and had a diagnosis of right lateral epicondylitis radiating to her right wrist. He recommended work restrictions of lifting no more than five pounds and ongoing physical and occupational therapy.

By decision dated March 18, 2022, OWCP modified its September 16, 2021 decision to find that the evidence of record was sufficient to establish the implicated employment factors. The claim remained denied, however, because the medical evidence of record was insufficient to establish causal relationship between appellant's diagnosed conditions and the accepted factors of her federal employment.

On April 26, 2021 appellant requested reconsideration of the March 18, 2022 decision and submitted additional evidence, including an April 14, 2022 note from Dr. Jared Nowell, an orthopedic surgeon, indicating that she presented on March 2, 2022 for elbow pain and right radial tunnel syndrome. Dr. Nowell noted that her symptoms began in May 2021 after she began delivering mail to an older apartment building where opening the mailboxes caused pain and swelling in her right forearm. He opined that the May 2021 incident caused appellant to develop persistent symptoms including radial tunnel syndrome in her right arm and that all previous treatments were related to that incident.

By decision dated April 28, 2022, OWCP denied modification of its March 18, 2022 decision.

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 establish that an injury was sustained in the performance of duty in an occupational disease claim, an employee must submit the following: (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 employee.⁷

To establish causal relationship between the condition, as well as any attendant disability claimed and the employment event or incident, the employee must submit 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 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 the specific employment factor(s) identified by the employee.⁹ The weight of the medical evidence is determined by its reliability, its probative value,

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.D.*, Docket No. 20-0921 (issued November 12, 2020); *M.S.*, Docket No. 18-1554 (issued February 8, 2019). *See also Roy L. Humphrey*, 57 ECAB 238, 241 (2005); *Ruby I. Fish*, 46 ECAB 276, 279 (1994); *Victor J. Woodhams*, 41 ECAB 345 (1989).

⁸ *S.A.*, Docket No. 18-0399 (issued October 16, 2018); *Robert G. Morris*, 48 ECAB 238 (1996).

⁹ *M.V.*, Docket No. 18-0884 (issued December 28, 2018); *I.J.*, 59 ECAB 408 (2008); *Victor J. Woodhams*, *supra* note 7.

its convincing quality, the care of analysis manifested, and the medical rationale expressed in support of the physician's opinion.¹⁰

ANALYSIS

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

In support of her claim, appellant submitted an April 14, 2022 note from Dr. Nowell noting that her pain and swelling in the right forearm began in May 2021, after she began delivering mail at an older apartment building requiring her to repetitively open mailboxes. Dr. Nowell opined that the May 2021 incident caused her to develop persistent symptoms and radial tunnel syndrome in her right arm. The Board has held that medical evidence that merely states a conclusion but does not offer a rationalized medical explanation regarding the cause of an employee's condition, is of limited probative value on the issue of causal relationship.¹¹ Moreover, an opinion that a condition is related to an employment incident because the employee was asymptomatic before the injury is insufficient, without adequate rationale, to establish causal relationship.¹²

Similarly, appellant submitted an October 8, 2021 letter in which Dr. Willacy opined that excessive walking as a mail carrier had exacerbated her conditions and caused Achilles tenderness and a bone spur. As noted above, the Board has held that a medical opinion without adequate rationale is insufficient to establish causal relationship.¹³ This report is therefore insufficient to establish causal relationship.

Appellant also submitted a July 20 and October 14, 2021 letter from Dr. Coombs noting a diagnosis of lateral epicondylitis and providing work restrictions. Dr. McKenzie, in his July 16, 2021 physical therapy referral and August 16, 2021 Form CA-17, diagnosed Achilles tendinitis and provided work restrictions. Dr. Wilson, in his August 5, 2021 report, diagnosed right lateral epicondylitis and referred appellant to occupational therapy on August 9, 2021. Dr. Doe, in her January 11, 2022 report, noted a diagnosis of right lateral epicondylitis and provided work restrictions. However, none of this evidence included an opinion on causal relationship. The Board has held that medical evidence which does not offer an opinion regarding the cause of an employee's condition is of no probative value on the issue of causal relationship. As such, these reports from Drs. Coombs, McKenzie, Wilson, and Doe are also insufficient to establish appellant's claim.¹⁴

¹⁰ *D.R.*, Docket No. 19-0954 (issued October 25, 2019); *James Mack*, 43 ECAB 321 (1991).

¹¹ *M.E.*, Docket No. 18-0940 (issued June 11, 2019).

¹² *See S.D.*, Docket No. 20-1255 (issued February 3, 2021); *F.H.*, Docket No. 18-1238 (issued January 18, 2019); *J.R.*, Docket No. 18-0206 (issued October 15, 2018).

¹³ *Supra* note 11.

¹⁴ *See D.Y.*, Docket No. 20-0112 (issued June 25, 2020); *L.B.*, Docket No. 18-0533 (issued August 27, 2018); *D.K.*, Docket No. 17-1549 (issued July 6, 2018).

The remaining medical evidence of record consists of a May 26, 2021 note from an unidentified nurse practitioner and an August 5, 2021 Form CA-17 from an unidentifiable physician. Certain healthcare providers such as physician assistants, nurses, nurse practitioners, physical therapists, and social workers are not considered “physician[s]” as defined under FECA.¹⁵ Consequently, their medical findings or opinions will not suffice for purposes of establishing entitlement to FECA benefits.¹⁶ Moreover, 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.¹⁷

As the medical evidence of record is insufficient to establish a medical condition causally related to the accepted employment factors, the Board finds that appellant has not met her burden of proof.¹⁸

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

¹⁵ 5 U.S.C. § 8101(2); 20 C.F.R. § 10.5(t).

¹⁶ Section 8101(2) of FECA provides that medical opinions can only be given by a qualified physician. This section defines a physician as surgeons, podiatrists, dentists, clinical psychologists, optometrists, chiropractors, and osteopathic practitioners within the scope of their practice as defined by state law. 5 U.S.C. § 8101(2); 20 C.F.R. § 10.5(t). See Federal (FECA) Procedure Manual, Part 2 -- Claims, *Causal Relationship*, Chapter 2.805.3a(1) (January 2013); *H.K.*, Docket No. 19-0429 (issued September 18, 2019); *K.W.*, 59 ECAB 271, 279 (2007); *David P. Sawchuk*, 57 ECAB 316, 320 n.11 (2006) (lay individuals such as physician assistants, nurses, and physical therapists are not competent to render a medical opinion under FECA); see also *J.D.*, Docket No. 21-0164 (issued June 15, 2021) (nurse practitioners are not physicians as defined under FECA).

¹⁷ *L.B.*, Docket No. 21-0353 (issued May 23, 2022); *T.D.*, Docket No. 20-0835 (issued February 2, 2021) *Merton J. Sills*, 39 ECAB 572, 575 (1988).

¹⁸ See *T.J.*, Docket No. 19-1339 (issued March 4, 2020); *F.D.*, Docket No. 19-0932 (issued October 3, 2019); *D.N.*, Docket No. 19-0070 (issued May 10, 2019); *R.B.*, Docket No. 18-1327 (issued December 31, 2018).

ORDER

IT IS HEREBY ORDERED THAT the March 18 and April 28, 2022 decisions of the Office of Workers' Compensation Programs are affirmed.

Issued: March 15, 2023
Washington, DC

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

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

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