

**United States Department of Labor
Employees' Compensation Appeals Board**

_____)	
S.Y., Appellant)	
)	
and)	Docket No. 23-0641
)	Issued: September 27, 2023
U.S. POSTAL SERVICE, NORTHERN)	
NEW JERSEY METRO PROCESSING &)	
DISTRIBUTION CENTER, Teterboro, NJ,)	
Employer)	
_____)	

Appearances:
Appellant, pro se
Office of Solicitor, for the Director

Case Submitted on the Record

DECISION AND ORDER

Before:
ALEC J. KOROMILAS, Chief Judge
PATRICIA H. FITZGERALD, Deputy Chief Judge
JAMES D. MCGINLEY, Alternate Judge

JURISDICTION

On March 1, 2023 appellant filed a timely appeal from a November 3, 2022 merit decision of the Office of Workers' Compensation Programs (OWCP). Pursuant to the Federal Employees' Compensation Act¹ (FECA) and 20 C.F.R. §§ 501.2(c) and 501.3, the Board has jurisdiction over the merits of this case.

ISSUE

The issue is whether appellant has met her burden of proof to establish a traumatic injury in the performance of duty on April 10, 2022, as alleged.

¹ 5 U.S.C. § 8101 *et seq.*

FACTUAL HISTORY

On May 24, 2022 appellant, then a 46-year-old parcel post distribution clerk, filed a traumatic injury claim (Form CA-1) alleging that on April 10, 2022 she sustained injury when she felt dizzy and passed out during her shift while in the performance of duty. She stopped work on April 10, 2022 and returned to regular-duty work on April 16, 2022. On the reverse side of the Form CA-1, appellant's immediate supervisor wrote, "[u]nsure why employee got dizzy and passed out, no traumatic injury."

Appellant submitted an April 11, 2022 note by a provider with an illegible signature, who indicated that appellant was seen in the emergency department on April 10 and 11, 2022. The provider noted that appellant could return to work on April 14, 2022. Appellant also submitted documents from an April 11, 2022 visit to a trauma center.

In a June 2, 2022 development letter, 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.

In an undated statement received by OWCP, on June 7, 2022, appellant discussed her medical problems, including a heart condition, diabetes, and pain in her neck and extremities. She submitted results of magnetic resonance imaging (MRI) scans of her neck and extremities obtained on January 30, February 5, and November 21, 2020, and January 21, 2021; reports of electrocardiogram² and echocardiogram studies obtained on April 11, 2020; a dated November 21, 2020; and a June 10, 2022 work disability slip for the period June 10 through 24, 2022, which contains an illegible signature.

By decision dated July 7, 2022, OWCP denied appellant's traumatic injury claim, finding that the evidence of record was insufficient to establish that the employment incident occurred as alleged. Consequently, it found that she had not met the requirements to establish an injury as defined by FECA.

On July 14, 2022 appellant requested a review of the written record by a representative of OWCP's Branch of Hearings and Review. She submitted a statement in which she further described the April 10, 2022 employment incident. Appellant maintained that she had never experienced a similar incident. She also submitted an illegible photocopy of a purported ambulance record, which she asserted established that she fainted on April 10, 2022 due to being "overworked/ overstressed."

In an April 10, 2022 report, Anna Simmons and Melissa Beshlian indicated that appellant reported that on April 10, 2022 she experienced dizziness and body aches after using an unspecified new medication for her atrial fibrillation, placed a Lidoderm patch on her chest, and then fainted. Appellant advised that a coworker informed her that she slumped in the coworker's arm and the coworker slowly laid her onto the ground. The report contained working diagnoses of chest pain and syncope. In another April 10, 2022 report, Jefferson Correa and Robin

² The electrocardiogram contained findings of sinus tachycardia, supraventricular bigeminy, low voltage precordial leads, and abnormal R-wave progression with early transition.

Monteleone described appellant's visit on that date. The report contained diagnoses of malaise and dizziness.

In a report dated August 17, 2022, Dr. Atul Prakash, a Board-certified cardiologist, noted that appellant reported chest pain, shortness of breath, and fatigue for the prior two weeks. He diagnosed chest pain, supraventricular tachycardia, palpitations, and syncope and collapse.

By decision dated November 3, 2022, OWCP's hearing representative affirmed OWCP's July 14, 2022 decision.

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 and that the claim was filed within the applicable time limitation period 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.³ 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.⁴

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 and place, and in the manner alleged.⁵ The second component is whether the employment incident caused a personal injury.⁶

Causal relationship is a medical question that requires rationalized medical opinion evidence to resolve the issue. 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.⁷ Neither the mere fact that a disease or condition manifests itself during a period of employment, nor the belief that the disease or condition was caused or aggravated by employment factors or incidents is sufficient to establish causal relationship.⁸

³ *J.M.*, Docket No. 17-0284 (issued February 7, 2018); *R.C.*, 59 ECAB 427 (2008); *James E. Chadden, Sr.*, 40 ECAB 312 (1988).

⁴ *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).

⁵ *B.P.*, Docket No. 16-1549 (issued January 18, 2017); *Elaine Pendleton*, 40 ECAB 1143 (1989).

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

⁷ *S.S.*, Docket No. 18-1488 (issued March 11, 2019).

⁸ *J.L.*, Docket No. 18-1804 (issued April 12, 2019).

It is a well-settled principle of workers' compensation law, and the Board has so held, that an injury resulting from an idiopathic fall -- where a personal, nonoccupational pathology causes an employee to collapse and to suffer injury upon striking the immediate supporting surface and there is no intervention or contribution by any hazard or special condition of employment -- is not within the coverage of FECA. Such an injury does not arise out of a risk connected with the employment and, therefore, it is not compensable.⁹ The question of causal relationship in such cases is a medical one, and must be resolved by medical evidence.¹⁰ However, as the Board has made equally clear, the fact that the cause of a particular fall cannot be ascertained, or that the reason it occurred cannot be explained, does not establish that it was due to an idiopathic condition. This follows from the general rule that an injury occurring on the industrial premises during working hours is compensable unless the injury is established to be within an exception to the general rule.¹¹ If the record does not establish that the particular fall was due to an idiopathic condition, it must be considered as merely an unexplained fall, one which is distinguishable from a fall in which it is definitely established that a physical condition preexisted the fall and caused the fall.¹² The Board has held that a fall is compensable if it remains an unexplained fall which occurred while the claimant was engaged in activities incidental to his or her employment.¹³

ANALYSIS

The Board finds that this case is not in posture for decision.

The Board finds that OWCP has inadequately evaluated appellant's claim for an April 10, 2022 injury as it has failed to consider whether appellant has established such an injury under the above-detailed precedent concerning idiopathic falls.¹⁴ As noted above, the Board has held that a fall is compensable if it remains an unexplained fall, which occurred while the claimant was engaged in activities incidental to his or her employment.¹⁵ Appellant submitted medical records showing that she has preexisting health problems, including diabetes and cardiac conditions. However, no physician has attributed her April 10, 2022 fall to a personal, nonoccupational

⁹ *Robert J. Choate*, 39 ECAB 103, 106 (1987).

¹⁰ *Amrit P. Kaur*, 40 ECAB 848, 853 (1989). The term "injury" as defined by FECA, refers to some physical or mental condition caused by either trauma or by continued or repeated exposure to, or contact with, certain factors, elements or conditions. *John D. Williams*, 37 ECAB 238, 240 (1985).

¹¹ *Emelda C. Arpin*, 40 ECAB 787, 789 (1989).

¹² *See Martha G. List (Joseph G. List)*, 26 ECAB 200, 204-05 (1974). OWCP's procedure manual indicates that if a fall is not shown to be caused by an idiopathic condition, it is simply unexplained and is therefore compensable if it occurred in the performance of duty. An idiopathic fall is one where a personal, nonoccupational pathology causes an employee to collapse, and an unexplained fall is one where the cause is unknown even to the employee. Federal (FECA) Procedure Manual, Part 2 -- Claims, *Performance of Duty*, Chapter 2.804.9c (August 1992).

¹³ *See Dora J. Ward*, 43 ECAB 767, 769-70 (1992).

¹⁴ *See supra* notes 9 through 13.

¹⁵ *See supra* note 13.

pathology, without intervention or contribution by a hazard or special condition of employment, such that coverage would be noncompensable.

For these reasons, the case must be remanded to OWCP for further development. On remand, OWCP shall evaluate the facts of the case under the relevant analysis for idiopathic falls. Following this and other such further development as deemed necessary, OWCP shall issue a *de novo* decision.

CONCLUSION

The Board finds that this case is not in posture for decision.

ORDER

IT IS HEREBY ORDERED THAT the November 3, 2022 decision of the Office of Workers' Compensation Programs is set aside and the case is remanded to OWCP for further proceedings consistent with this decision of the Board.

Issued: September 27, 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