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<b>C.M., Appellant</b>	)	
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<b>and</b>	)	<b>Docket No. 24-0059</b>
	)	<b>Issued: March 11, 2024</b>
<b>DEPARTMENT OF THE NAVY,</b>	)	
<b>PORTSMOUTH NAVAL SHIPYARD,</b>	)	
<b>Kittery, ME, Employer</b>	)	
	)	

*Case Submitted on the Record*

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

On October 30, 2023 appellant filed a timely appeal from a September 18, 2023 merit decision of the Office of Workers' Compensation Programs (OWCP). Pursuant to the Federal Employees' Compensation Act<sup>1</sup> (FECA) and 20 C.F.R. §§ 501.2(c) and 501.3, the Board has jurisdiction over the merits of this case.

The issue is whether appellant has met his burden of proof to establish a heart condition causally related to the accepted February 6, 2023 employment incident.

<sup>1</sup> 5 U.S.C. § 8101 *et seq.*

when walking up a flight of stairs at the employing establishment while in the performance of duty. He stopped work on February 7, 2023 and returned to work on February 10, 2023.

In a development letter dated March 13, 2023, OWCP informed appellant of the deficiencies of his claim. It advised him of the type of factual and medical evidence needed and afforded him 60 days to respond.

In a progress note dated March 2, 2023, Dr. Peter J. Dourdoufis, an osteopathic physician, Board-certified in cardiovascular disease, examined appellant to follow up for complaints of chest pain. He noted that on February 6, 2023, appellant was admitted to the hospital after walking upstairs in the parking garage of the employing establishment. Appellant returned to work on February 10, 2023. Dr. Dourdoufis related appellant's cardiovascular examination findings and diagnosed coronary artery disease involving the coronary artery of the heart without angina pectoris; status post percutaneous transluminal coronary angioplasty; essential hypertension; obstructive sleep apnea; and non-ST elevated myocardial infarction.

On March 6, 2023 Dr. Aaron Patterson, an occupational medicine specialist, examined appellant for a follow-up on myocardial infarction and percutaneous transluminal coronary angioplasty. He recommended that appellant continue light duty for dizziness and vertigo related to an ear, nose, and throat issue.

In a statement dated March 31, 2023, H.L., a coworker, stated that, on February 6, 2023, he and appellant had moved a large load of heavy tooling supplies from one building to another, utilizing carts and a box with wheels. He noted that he and appellant performed a fair amount of physical exertion in completing this task. At 7:32 p.m., H.L. received a text message from appellant, informing him that he had driven himself to the hospital after experiencing chest pain and trouble breathing.

In a Form CA-20 dated April 6, 2023, Dr. Dourdoufis diagnosed myocardial infarction. He stated that appellant had walked up several flights of stairs on February 6, 2023 in the employing establishment's parking garage and experienced severe chest discomfort. He checked a box marked "Yes" to indicate whether he believed appellant's condition was caused or aggravated by the employment activity. In a separate Form CA-20 dated April 7, 2023, Dr. Dourdoufis diagnosed chest pain. He stated that appellant had walked up several flights of stairs on February 6, 2023 in the employing establishment's parking garage and experienced severe chest discomfort. Dr. Dourdoufis left blank a box used to indicate whether he believed appellant's condition was caused or aggravated by an employment duty.

Appellant submitted an attending physician's report (Form CA-20) dated April 7, 2023, which was signed by M.S., a physician assistant. This report noted appellant's history of injury and current findings.

By decision dated May 23, 2023, OWCP denied appellant's claim, finding that the medical evidence of record was insufficient to establish causal relationship between his diagnosed condition and the accepted February 6, 2023 employment incident.

In a Form CA-20 dated September 7, 2023, Dr. Dourdoufis diagnosed non-ST elevated myocardial infarction. He stated that on February 6, 2023 appellant engaged in very heavy work,

which provoked chest pain. Dr. Dourdoufis checked a box marked “Yes” indicating that the condition was caused or aggravated by this employment activity.

On September 14, 2023 appellant requested reconsideration.

By decision dated September 18, 2023, OWCP denied modification of its May 23, 2023 decision.

### **LEGAL PRECEDENT**

An employee seeking benefits under FECA<sup>2</sup> 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,<sup>3</sup> 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.<sup>4</sup> 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.<sup>5</sup>

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. The first component is whether the employee actually experienced the employment incident at the time and place, and in the manner alleged. The second component is whether the employment incident caused injury.<sup>6</sup>

The medical evidence required to establish causal relationship between a claimed specific condition and an employment incident is rationalized medical opinion evidence.<sup>7</sup> 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

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<sup>2</sup> *Id.*

<sup>3</sup> *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).

<sup>4</sup> *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).

<sup>5</sup> *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).

<sup>6</sup> *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).

<sup>7</sup> *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).

nature of the relationship between the diagnosed condition and specific employment incident identified by the employee.<sup>8</sup>

### ANALYSIS

The Board finds that appellant has not met his burden of proof to establish a heart condition causally related to the accepted February 6, 2023 employment incident.

In support of his claim, appellant submitted a Form CA-20 dated September 7, 2023 from Dr. Dourdoufis, who stated that on February 6, 2023 appellant engaged in very heavy work, which provoked chest pain. He diagnosed myocardial infarction. Similarly, in an April 6, 2023 Form CA-20, Dr. Dourdoufis noted that appellant had walked up several flights of stairs on February 6, 2023 and had sustained a myocardial infarction. He checked a box “yes” indicating that he believed the condition was caused or aggravated by this employment activity, without providing further explanation. The Board has held, however, that when a physician’s opinion on causal relationship consists only of a checkmark on a form, without further explanation or rationale, that opinion is diminished and is insufficient to establish a claim.<sup>9</sup> As such, these form reports of September 7 and April 6, 2023 are of limited probative value and are insufficient to establish appellant’s claim.

Appellant also submitted an April 7, 2023 Form CA-20 in which Dr. Dourdoufis diagnosed chest pain. Dr. Dourdoufis stated that appellant had walked up several flights of stairs on February 6, 2023 in the employing establishment’s parking garage and experienced severe chest discomfort. However, he did not provide an opinion on causal relationship. The Board has held that medical evidence that does not offer an opinion regarding the cause of an employee’s condition or disability is of no probative value on the issue of causal relationship.<sup>10</sup> This form report is, therefore, insufficient to establish appellant’s claim.

In a progress note dated March 2, 2023, Dr. Dourdoufis, noted that on February 6, 2023, appellant was admitted to the hospital after walking upstairs in the parking garage of the employing establishment. He diagnosed coronary artery disease involving the coronary artery of the heart without angina pectoris; status post percutaneous transluminal coronary angioplasty; essential hypertension; obstructive sleep apnea; and non-ST elevated myocardial infarction. OWCP also received a March 6, 2023 report from Dr. Patterson, who noted that appellant was seen in follow-up for a myocardial infarction and percutaneous transluminal coronary angioplasty. However, neither of these reports offered an opinion regarding causal relationship. The Board has held that a report is of no probative value regarding causal relationship if it does not provide an opinion on

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<sup>8</sup> *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).

<sup>9</sup> *O.M.*, Docket No. 18-1055 (issued April 15, 2020); *Gary J. Watling*, 52 ECAB 278 (2001).

<sup>10</sup> *P.L.*, Docket No. 19-1750 (issued March 26, 2020); *L.B.*, Docket No. 18-0533 (issued August 27, 2018); *D.K.*, Docket No. 17-1549 (issued July 6, 2018); *Willie M. Miller*, 53 ECAB 697 (2002).

causal relationship.<sup>11</sup> As these reports did not provide an opinion regarding the cause of appellant's condition, they are also insufficient to establish causal relationship.<sup>12</sup>

Appellant also submitted a report signed by a physician assistant. Certain healthcare providers such as physician assistants, nurse practitioners, physical therapists, and social workers, however, are not considered "physician[s]" as defined under FECA.<sup>13</sup> Consequently, the findings of the physician assistant will not suffice for the purpose of establishing entitlement to FECA benefits.<sup>14</sup>

As the medical evidence of record is insufficient to establish a heart condition was causally related to the accepted February 6, 2023 employment incident, the Board finds that appellant has not met his 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 his burden of proof to establish a heart condition causally related to the accepted February 6, 2023 employment incident.

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<sup>11</sup> *J.W.*, Docket No. 18-0678 (issued March 3, 2020).

<sup>12</sup> *Id.*

<sup>13</sup> 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 David P. Sawchuk*, 57 ECAB 316, 320 n.11 (2006); *see also R.K.*, Docket No. 20-0049 (issued April 10, 2020) (physician assistants are not considered physicians under FECA).

<sup>14</sup> *See M.C.*, Docket No. 19-1074 (issued June 12, 2020) (nurse practitioners are not considered physicians under FECA); *R.K.*, Docket No. 20-0049 (issued April 10, 2020) (physician assistants are not considered physicians under FECA).

**ORDER**

**IT IS HEREBY ORDERED THAT** the September 18, 2023 decision of the Office of Workers' Compensation Programs is affirmed.

Issued: March 11, 2024  
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