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R.W., Appellant)	
)	
and)	Docket No. 25-0240
)	Issued: February 26, 2025
U.S. POSTAL SERVICE, PROCESSING &)	
DISTRIBUTION CENTER, Minneapolis, MN,)	
Employer)	
)	

Case Submitted on the Record

Before:
ALEC J. KOROMILAS, Chief Judge
PATRICIA H. FITZGERALD, Deputy Chief Judge
JANICE B. ASKIN, Judge

² 5 U.S.C. § 8101 *et seq.*

ISSUE

The issue is whether appellant has met his burden of proof to establish an upper extremity condition causally related to the accepted factors of his federal employment.

FACTUAL HISTORY

On May 4, 2022, appellant, then a 63-year-old parcel post distribution machine operator, filed a traumatic injury claim (Form CA-1) alleging that on March 30, 2022 he developed a right arm condition while in the performance of duty. He indicated that he was not able to lift his right arm after waking up after his shift. Appellant did not stop work.

OWCP received a March 20, 2022 return-to-work note from Dr. Scott D. Wissink, Board-certified in family practice and sports medicine, who advised a March 24, 2022 return-to-work note as tolerated for right hand and shoulder pain.

OWCP continued to receive work restriction reports.

In a May 9, 2022 development letter, OWCP informed appellant of the deficiencies of his claim. It advised him of the type of factual and medical evidence required and provided a questionnaire for his completion. OWCP afforded appellant 30 days to submit the necessary evidence.

By decision dated June 16, 2022, OWCP denied appellant's claim, finding that the evidence of record was insufficient to establish fact of injury because appellant failed to provide a detailed description of how the injury occurred.

On July 7, 2022, appellant requested reconsideration.

OWCP thereafter received an April 16, 2022 MRI scan of the right shoulder, which revealed a high-grade partial thickness bursal-sided tear at the confluence of the posterior supraspinatus and anterior infraspinatus tendons, and moderate underlying tendinopathy; superior labral tear; and moderate-to-severe degenerative arthritis of the AC joint.

In an April 26, 2022 report, Dr. Kelsey L. Wise, a Board-certified orthopedic surgeon, noted that appellant reported some mild shoulder pain when he was filling a tire with air in November 2021, but his real injury was on March 30, 2022, when he was lifting sacks at work. She opined that this was a work-related injury. Appellant's diagnoses were listed as right shoulder full-thickness rotator cuff tear, right shoulder biceps tendinopathy, and right acromioclavicular (AC) joint arthritis. Dr. Wise advised that appellant should remain at light duty, with no lifting more than one pound. This report was also signed by Dr. Jonathon P. Braman, an orthopedic surgeon.

In a June 28, 2022 statement, appellant described his work duties, which included filling, loading, and lifting boxes and sacks weighing up to 70 pounds, eight hours per day, five days per week. He explained that in mid-March 2022, he was lifting boxes, stacked on top of each other, and noticed that both shoulders were in slight pain after his shift. Appellant related that his supervisors were aware of his shoulder issues, and that his arms were weak and in pain. He explained that on March 30, 2022, late in the evening, he noticed pain in his right shoulder while

racking such that he could barely lift a sack to the top of the automated postal center (APC). The next morning, appellant could barely lift his arm, and the pain was so severe that he sought medical attention. His medical provider thought his pain was referred from his spine and ordered a magnetic imaging resonance (MRI) scan; it then took nearly a month to diagnose that his pain was from shoulder tears.

In July 15 and 19, 2022 reports, Dr. Braman related that appellant was injured on March 30, 2022, while lifting sacks at work, and was last seen on April 26, 2022, when he was noted to have a full-thickness rotator cuff tear as well as biceps tendinopathy and AC joint arthritis. He diagnosed right shoulder full-thickness rotator cuff tear, right shoulder biceps tendinopathy, and right acromioclavicular joint arthritis. Dr. Braman continued appellant on his current restrictions, which included no lifting more than one pound.

In a letter dated July 25, 2022, the employing establishment again controverted the claim and questioned whether a traumatic event occurred. It also noted that the medical evidence regarding appellant's right shoulder condition predated the alleged date of injury.

By decision dated September 23, 2022, OWCP denied modification of its prior decision.

In a November 1, 2022 report, Dr. Braman noted appellant came in for follow up of right shoulder pain and related that he could not move his arm with any regularity and when he did, it hurt and bothered him when reaching away from his side. He diagnosed known right shoulder rotator cuff tear; right shoulder biceps disease; and right shoulder subacromial bursitis.

In a November 7, 2022 work restriction, Dr. Braman noted that appellant was scheduled for right arthroscopic rotator cuff repair, subacromial decompression, and arthroscopic biceps tenodesis on November 10, 2022.

On November 9, 2022, appellant requested reconsideration.

By decision dated February 6, 2023, OWCP denied modification of its prior decision.

On March 21, 2023, appellant requested reconsideration.

OWCP received an April 3, 2023 note from Dr. Bradley Nelson, Board-certified in orthopedic sports medicine and orthopedic surgery, who diagnosed right shoulder rotator cuff repair and biceps tenodesis, and provided a lifting restriction of no more than 10 pounds. Dr. Nelson also related that the right side of appellant's arm was still very weak.

In a May 2, 2023 statement, appellant clarified that his injury occurred over a long period of time and over more than one shift. He explained that the doctor stated it was caused by lifting sacks at work. Appellant noted that he called in sick many nights prior to March 2022 because of shoulder pain. He related that his doctor diagnosed full-thickness rotator cuff tear and biceps tendinopathy that was caused by his lifting of boxes and mail sacks which could weight up to 70 pounds, into APC's. Appellant indicated that he believed his injury was a combination of lifting and medical issues, and that his doctor believed his pain was exacerbated by reaching motions. He noted that 11 years prior to his injury, he had surgery on his left shoulder and there were no issues. Appellant related that his supervisor occasionally took him off the floor from sorting mail because he was afraid of appellant getting injured and knew that he had problems lifting sacks.

By decision dated June 15, 2023, OWCP denied modification of the February 6, 2023 decision.

On June 22, 2023, appellant requested reconsideration.

By decision dated September 7, 2023, OWCP modified the June 15, 2023 decision to find that appellant had clarified that he was claiming an occupational disease and that the evidence established that the work factor of “lifting boxes, mail, [and] sacks that weighing as much as 70 pounds into APCs” occurred as described. However, the claim remained denied as the medical evidence of record was insufficient to establish causation between a diagnosed condition and the accepted work factor.³

On February 21, 2024, appellant requested reconsideration and submitted additional medical evidence.

In a January 4, 2024 report, Dr. Nelson recounted that appellant underwent right rotator cuff repair and biceps tenodesis on November 10, 2022, and was 13 months post right rotator cuff repair. He related that appellant did not feel that he could return to his regular work. Dr. Nelson noted that Dr. Braman believed appellant had a work-related injury and he agreed with this assessment after reviewing the notes.

By decision dated February 29, 2024, OWCP denied modification of its prior decision.

On November 27, 2024, appellant, through counsel, requested reconsideration and submitted additional evidence.

In a November 23, 2024 report, Dr. Paul Wicklund, Board-certified in orthopedic surgery, noted appellant’s history of injury and treatment and examined appellant. He diagnosed status postright rotator cuff repair, biceps tenodesis, and subacromial decompression, with a good result; and status post left arthroscopic rotator cuff repair with subacromial decompression, with a good result. Dr. Wicklund opined that lifting sacks of mail in late 2021 and early 2022 were the only substantial contributing factors to the right rotator cuff tear. He explained that lifting 50 to 70 pounds on a repeated basis was a well-known mechanism of injury, resulting in damage to the rotator cuff. Dr. Wicklund opined that the surgery appellant underwent on November 10, 2022, was causally related to the work activity.

By decision dated December 12, 2024, OWCP denied modification of the prior decision.

LEGAL PRECEDENT

An employee seeking benefits under FECA⁴ 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

³ OWCP also explained that the medical opinion must rule out any nonwork-related factors, such as age or degeneration, given that the MRI scan revealed arthritic changes in the AC joint.

⁴ *Supra* note 2.

limitation of FECA,⁵ 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.⁶ 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.⁷

To establish that an injury was sustained in the performance of duty in an occupational disease claim, a claimant must submit: (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 identified employment factors.⁸

Causal relationship is a medical question that requires rationalized medical opinion evidence to resolve the issue.⁹ The opinion of the physician must be based upon 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.¹⁰

In any case where a preexisting condition involving the same part of the body is present and the issue of causal relationship, therefore, involves aggravation, acceleration, or precipitation, the physician must provide a rationalized medical opinion that differentiates between the effects of the work-related injury or disease and the preexisting condition.¹¹

ANALYSIS

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

OWCP received several medical reports from appellant's medical providers which concluded that appellant had sustained a work-related injury. In an April 26, 2022 report, Dr. Wise related that appellant reported mild shoulder pain when he was filling his tire with air in

⁵ See *S.F.*, Docket No. 23-0264 (issued July 5, 2023); *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).

⁶ *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).

⁷ *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).

⁸ *T.W.*, Docket No. 20-0767 (issued January 13, 2021); *L.D.*, Docket No. 19-1301 (issued January 29, 2020); *S.C.*, Docket No. 18-1242 (issued March 13, 2019).

⁹ *I.J.*, Docket No. 19-1343 (issued February 26, 2020); *T.H.*, 59 ECAB 388 (2008); *Robert G. Morris*, 48 ECAB 238 (1996).

¹⁰ *D.C.*, Docket No. 19-1093 (issued June 25, 2020); see *Victor J. Woodhams*, 41 ECAB 345 (1989).

¹¹ Federal (FECA) Procedure Manual, Part 2 -- Claims, *Causal Relationship*, Chapter 2.805.3e (January 2013); *R.D.*, Docket No. 18-1551 (issued March 1, 2019).

November 2021, but his injury occurred on March 30, 2022, when he was lifting sacks at work. She diagnosed right shoulder full-thickness rotator cuff tear, right shoulder biceps tendinopathy, and right acromioclavicular joint arthritis. Dr. Wise concluded that appellant had sustained a work-related injury. OWCP also received a series of reports from Dr. Braman dated from July 15 through November 7, 2022. Dr. Braman diagnosed right shoulder full-thickness rotator cuff tear, right shoulder biceps tendinopathy, and right acromioclavicular joint arthritis and concluded that appellant was injured on March 30, 2022, while lifting sacks at work. Dr. Nelson provided a January 4, 2024 report and noted that he agreed with Dr. Braman's assessment that appellant's right shoulder condition was a work-related injury. In a November 23, 2024 report, Dr. Wicklund diagnosed status post right rotator cuff repair, biceps tenodesis, and subacromial decompression, with a good result; and status post left arthroscopic rotator cuff repair; with subacromial decompression, with a good result. He opined that lifting sacks of mail in late 2021 and early 2022 were the only substantial contributing factors to the right rotator cuff tear and explained that lifting 50 to 70 pounds on a repeated basis was a well-known mechanism of injury, resulting in damage to the rotator cuff. However, while these reports offered an opinion on causal relationship, they did not provide rationale to explain how or why, physiologically, the accepted employment factor caused appellant's diagnosed conditions.¹² The Board has held that a mere conclusion without the necessary rationale is insufficient to meet a claimant's burden of proof.¹³ The need for medical rationale is particularly important since these reports noted a preexisting condition.¹⁴ In any case where a preexisting condition involving the same part of the body is present and the issue of causal relationship, therefore, involves aggravation, acceleration, or precipitation, the physician must provide a rationalized medical opinion that differentiates between the effects of the work-related injury or disease and the preexisting condition.¹⁵ This evidence is therefore insufficient to establish the claim.

OWCP also received a number of work restriction reports from Dr. Wissink dated March 20, 2022 to April 2023 which 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 is of no probative value on the issue of causal relationship.¹⁶ As This evidence is therefore insufficient to establish appellant's claim.¹⁷

OWCP also received an April 16, 2022 MRI scan of appellant's right shoulder. The Board has held that diagnostic testing reports, standing alone, lack probative value on the issue of causal

¹² *J.F.*, Docket No. 18-0492 (issued January 16, 2020); *M.L.*, Docket No. 19-0813 (issued November 26, 2019); *see B.R.*, Docket No. 17-0294 (issued May 11, 2018).

¹³ *See A.T.*, Docket No. 19-0410 (issued August 13, 2019) (finding that a mere conclusion without the necessary rationale is insufficient to meet a claimant's burden of proof).

¹⁴ *See R.B.*, Docket No. 19-1527 (issued July 20, 2020); *R.S.*, Docket No. 19-1774 (issued April 3, 2020).

¹⁵ *See D.M.*, Docket No. 24-0512 (issued December 9, 2024).

¹⁶ *See L.B.*, Docket No. 18-0533 (issued August 27, 2018); *D.K.*, Docket No. 17-1549 (issued July 6, 2018).

¹⁷ *Supra* note 10.

relationship as they do not provide an opinion on causal relationship.¹⁸ Consequently, this evidence is insufficient to establish appellant's claim.

As the medical evidence of record is insufficient to establish causal relationship between appellant's upper extremity condition and the accepted factor of his federal employment, the Board finds that he 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 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 an upper extremity condition causally related to the accepted factor of his federal employment.

ORDER

IT IS HEREBY ORDERED THAT the December 12, 2024 decision of the Office of Workers' Compensation Programs is affirmed.

Issued: February 26, 2025
Washington, DC

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

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

Janice B. Askin, Judge
Employees' Compensation Appeals Board

¹⁸ *W.L.*, Docket No. 20-1589 (issued August 26, 2021); *A.P.*, Docket No. 18-1690 (issued December 12, 2019).