

By letter dated October 21, 2004, the Office advised appellant that the information submitted was not sufficient to determine whether she was eligible for benefits and advised her regarding the additional medical and factual evidence needed to support her claim. Appellant was asked to provide a detailed narrative report from her physician provided a diagnosis and explained how her employment contributed to her condition.

In a statement received November 1, 2004, appellant noted that she had surgery for a bilateral bunionectomy in 1993 and surgery for a left heel spur in 1990. She also stated that she was diagnosed with a stress fracture of the right foot on May 24, 2004 which required six weeks of immobilization.

In a February 25, 1999 report, Dr. Lonnie Schwartz, a podiatrist, noted performing an endoscopic plantar fasciotomy of the left foot that date. In a report dated April 5, 2004, Dr. Schwartz stated that appellant was treated for symptoms consistent with Morton's neuroma of the second interspace of the right foot. He noted unremarkable radiological findings and recommended conservative treatment including custom orthotics. On April 16, 2004 Dr. Schwartz reiterated his findings. In reports dated April 29 to July 2, 2004, Dr. Schwartz placed appellant off work for intermittent periods. She was released to return to restricted duty on July 13, 2004.

On May 14, 2004 Dr. Dana Mathews, Board-certified in psychiatry and neurology, stated that a total body bone scan taken that day revealed plantar fasciitis and a possible fracture or inflammatory arthritis along the first and second metatarsophalangeal joints on the right foot. On June 24, 2004 Dr. Robert Douglas, a Board-certified radiologist, stated that a right foot magnetic resonance imaging (MRI) scan taken that day revealed "[n]o well defined Morton's neuroma or other soft tissue mass identified."

In a report dated November 8, 2004, Dr. James H. Whitfield, a podiatrist, examined appellant that day and reported findings.¹ He stated that appellant was symptomatic with sharp and burning pain between the second and third toes on the right foot and noted neuropathic pain with plantar pressure from the second interspace of the right foot. Dr. Whitfield observed mild to moderate swelling from the midfoot to the toes. He diagnosed Morton's neuroma at the second interspace of the right foot and restricted her from any unnecessary walking, standing and bending.

On December 9, 2004 the Office denied appellant's claim on the grounds that the medical evidence did not establish that her claimed condition was causally related to her federal employment. The Office stated that Dr. Whitfield's November 8, 2004 report did not explain how her Morton's neuroma was caused or aggravated by her employment duties.

On January 24, 2005 Dr. Whitfield stated that appellant had been treated by his office for contusion and swelling of the common digital nerve of her right foot and repeated the diagnosis as Morton's neuroma. He indicated that appellant's repetitive movement at work was "greatly responsible" for the initial and continuing injury.

¹ The record reveals that Dr. Whitfield is an associate of Dr. Schwartz.

On February 14, 2005 appellant requested reconsideration. On March 21, 2005 the Office denied modification of the December 9, 2004 decision. The Office found that Dr. Whitfield's January 25, 2004 report did not establish that appellant's condition was causally related to her employment.

LEGAL PRECEDENT

An employee seeking benefits under the Federal Employees' Compensation Act² has the burden of establishing 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 the Act, that the claim was timely filed within the applicable time limitation period of the Act, that an injury was sustained in the performance of duty as alleged and that any disability and/or specific condition for which compensation is claimed are 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 establish that an injury was sustained in the performance of duty in an occupational disease claim, a claimant must submit the following: (1) medical evidence establishing the presence or existence of the disease or condition for which compensation is claimed; (2) a factual statement identifying employment factors alleged to have caused or contributed to the presence or occurrence of the disease or condition; and (3) medical evidence establishing that the employment factors identified by the claimant were the proximate cause of the condition for which compensation is claimed or, stated differently, medical evidence establishing that the diagnosed condition is causally related to the employment factors identified by the claimant. The medical evidence required to establish causal relationship, generally, is rationalized medical opinion evidence. Rationalized medical opinion evidence is medical evidence which includes a physician's rationalized opinion on the issue of whether there is a causal relationship between the claimant's diagnosed condition and the implicated employment factors. The opinion of the physician must be based on a complete factual and medical background of the claimant, 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 factors identified by the claimant.⁵

ANALYSIS

The Board finds that appellant has submitted insufficient medical evidence to establish that her right foot condition was caused or aggravated by factors of her federal employment. The medical evidence of record failed to provide a discussion of how appellant's federal duties caused or contributed to her claimed right foot nerve damage.

² 5 U.S.C. §§ 8101-8193.

³ *Joe D. Cameron*, 41 ECAB 153 (1989); *Elaine Pendleton*, 40 ECAB 1143, 1145 (1989).

⁴ *Victor J. Woodhams*, 41 ECAB 345 (1989).

⁵ *Id.*

Dr. Schwartz stated that appellant was treated for symptoms consistent with Morton's neuroma of the second interspace of the right foot. However, he did not specifically address whether appellant's employment duties caused or aggravated this or any other foot condition.⁶

In his January 24, 2005 report, Dr. Whitfield supported causal relationship by stating that appellant's repetitive movement at work was "greatly responsible" for her Morton's neuroma. However, Dr. Whitfield did not provide any medical rationale or reasoning to support his conclusion that appellant's employment caused or aggravated the diagnosed condition. Dr. Whitfield did not explain the medical reasons why the performance of specific employment duties would cause a Morton's neuroma or any other foot condition. He did not address her history of preexisting foot conditions for which she had treatment and surgery dating to at least 1990.⁷ The report of Dr. Douglas did not support the diagnosis of a Morton's neuroma and Dr. Mathews diagnosed possible plantar fasciitis, a fracture or arthritis along the metatarsophalangeal joints of the right foot.

In the absence of a reasoned medical report explaining how and why appellant's employment duties caused or aggravated her claimed condition, appellant has not met her burden of proof.

CONCLUSION

The Board finds that the medical evidence of record does not establish a causal relationship between appellant's federal employment and her right foot condition. There is not a definite diagnosis. Therefore appellant failed to meet her burden of proof in establishing that she developed a right foot injury due to her job duties.

⁶ *Michael E. Smith*, 50 ECAB 313 (1990) (medical evidence that does not offer any opinion regarding the cause of the employee's condition is of limited probative value on the issue of causal relationship).

⁷ A mere conclusion without medical rationale explaining how and why the physician believes that a claimant's accepted exposure could result in a diagnosed condition is not sufficient to meet the claimant's burden of proof. The medical evidence must include rationale explaining how the physician reached the conclusion he or she is supporting. *Beverly A. Spencer*, 55 ECAB ___ (Docket No. 03-2033, issued May 3, 2004).

ORDER

IT IS HEREBY ORDERED THAT the March 21, 2005 and December 9, 2004 decisions of the Office of Workers' Compensation Programs are affirmed.

Issued: September 13, 2005
Washington, DC

Colleen Duffy Kiko, Judge
Employees' Compensation Appeals Board

David S. Gerson, Judge
Employees' Compensation Appeals Board

Michael E. Groom, Alternate Judge
Employees' Compensation Appeals Board