

In a report dated June 21, 2011, Dr. Dominic Catanese, a podiatrist, evaluated appellant for continued complaints of pain in her right heel. He noted that she “has not been able to rest the extremity as we have suggested due to her employment as a letter carrier.” Dr. Catanese diagnosed plantar fasciitis and pain. He related:

“I suggested to [appellant] she can [do] a sedentary[-]type job and ask for a transfer to a position that would allow her to rest the extremity. There is no question that being on her feet and ambulat[ing] long distances is exacerbating the situation and preventing her from the possibility of healing.”

By letter dated June 24, 2011, appellant described in detail her work duties, asserting that she walked, stood and climbed stairs around eight hours each day. She did not have any problems with her feet prior to her employment.

On July 19, 2011 OWCP requested that appellant submit additional factual and medical information, including a report from her attending physician explaining the causal relationship between her plantar fasciitis and work duties.

On August 10, 2011 Dr. Catanese related that he was treating appellant “for recalcitrant plantar fasciitis of the right foot.” He stated, “On several occasions we discussed with [her] how her work was exacerbating her condition and making it difficult for her [to] have a complete recovery due to the long period of time she spends standing and walking.” Dr. Catanese asserted that appellant’s condition had improved after a July 12, 2001 radiofrequency ablation. He noted that she could return to work on August 22, 2011 but expressed concern that her regular duties “will cause her to have a reoccurrence of her plantar fasciitis.”

By decision dated September 26, 2011, OWCP denied appellant’s claim after finding that the medical evidence was insufficient to show that she sustained a condition causally related to the accepted employment factors.

On October 7, 2011 appellant requested a review of the written record. She maintained that her job duties caused her condition. Appellant related that she had a previous radiofrequency ablation on her right foot in June 2010 but that her condition again worsened from November 2010 to February 2011 due to her work duties.²

By letter dated October 21, 2011, Dr. Catanese related that he had treated appellant beginning May 26, 2010 “when she presented with severe pain due to chronic plantar fasciitis and calcaneal nerve neuritis.” He asserted, “[her] employment as a letter carrier exacerbates and precipitates her condition. I explained to [appellant] that it is essential to use the appropriate type of shoes and arch supports to try to minimize the significant stress that she experiences with daily ambulation and standing on concrete surfaces while working.” Dr. Catanese discussed his treatment of her with radiofrequency ablation and expressed concern that she would have a recurrence of her condition if she returned to work as a letter carrier.

² In a report dated May 31, 2011, Dr. Catanese diagnosed plantar fasciitis and recommended that appellant transfer to a sedentary position.

In a decision dated January 25, 2012, OWCP's hearing representative affirmed the September 26, 2011 decision. He determined that Dr. Catanese's opinion was not sufficiently rationalized to establish that appellant sustained a right foot condition as a result of her work duties.

On appeal, appellant argues that she did not experience any food condition prior to her work for the employing establishment. She asserted that walking, standing and pushing aggravated her condition.

LEGAL PRECEDENT

An employee seeking benefits under FECA³ 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 FECA, that the claim was filed within the applicable time limitation, that an injury was sustained while 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.⁴ These are the essential elements of each and every compensation claim regardless of whether the claim is predicated on a traumatic injury or an occupational disease.⁵

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;⁶ (2) a factual statement identifying employment factors alleged to have caused or contributed to the presence or occurrence of the disease or condition;⁷ and (3) medical evidence establishing 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.⁸

The medical evidence required to establish causal relationship generally is rationalized medical opinion evidence. 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 explaining the nature of the relationship between the diagnosed condition and the specific employment factors identified by the claimant.⁹

³ *Supra* note 1.

⁴ *Tracey P. Spillane*, 54 ECAB 608 (2003); *Elaine Pendleton*, 40 ECAB 1143 (1989).

⁵ *See Ellen L. Noble*, 55 ECAB 530 (2004).

⁶ *Michael R. Shaffer*, 55 ECAB 386 (2004).

⁷ *Marlon Vera*, 54 ECAB 834 (2003); *Roger Williams*, 52 ECAB 468 (2001).

⁸ *Beverly A. Spencer*, 55 ECAB 501 (2004).

⁹ *I.J.*, 59 ECAB 408 (2008); *Judy C. Rogers*, 54 ECAB 693 (2003).

ANALYSIS

Appellant attributed her plantar fasciitis of the right foot to walking and standing while delivering mail in the course of her employment. OWCP accepted the occurrence of the claimed employment factors. The issue, therefore, is whether the medical evidence establishes a causal relationship between the claimed conditions and the identified employment factors.

On June 21, 2011 Dr. Catanese discussed appellant's complaints of right heel pain and noted that she was unable to rest her foot because of her work as a letter carrier. He diagnosed plantar fasciitis. Dr. Catanese recommended that appellant obtain a sedentary position and advised that distance walking was "exacerbating the situation." He did not, however, specifically address the cause of the diagnosed condition of plantar fasciitis. Medical evidence that does not offer any opinion regarding the cause of an employee's condition is of diminished probative value on the issue of causal relationship.¹⁰

In an August 10, 2011 report, Dr. Catanese diagnosed recalcitrant right plantar fasciitis. He indicated that appellant's employment delayed recovery as standing and walking exacerbated her condition. Dr. Catanese determined that she could return to work but advised that a resumption of regular duties would cause a recurrence of her condition. While he indicated that appellant's work duties such as standing and walking aggravated her condition, he did not provide any rationale for his opinion. A physician must provide an opinion on whether the employment duties described caused or contributed to the claimant's diagnosed medical condition and support that opinion with medical reasoning to demonstrate that the conclusion reached is sound, logical and rationale.¹¹

On October 21, 2011 Dr. Catanese discussed his treatment of appellant since May 26, 2010 for chronic plantar fasciitis and calcaneal nerve neuritis. He found that working as a letter carrier "exacerbates and precipitates her condition." However, a mere conclusion without the necessary 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 a claimant's burden of proof.¹²

On appeal, appellant asserts that she did not have problems with her foot before working at the employing establishment and that her work duties aggravated her condition. As discussed, however, the medical evidence is insufficient to show that she sustained plantar fasciitis due to employment factors. An award of compensation may not be based on surmise, conjecture, speculation or upon appellant's own belief that there is a causal relationship between her claimed condition and his employment.¹³ She must submit a physician's report in which the physician reviews those factors of employment identified as causing her condition and, taking these factors into consideration as well as findings upon examination and the medical history, explain how

¹⁰ *S.E.* Docket No. 08-2214 (issued May 6, 2009); *Conrad Hightower*, 54 ECAB 796 (2003).

¹¹ *John W. Montoya*, 54 ECAB 306 (2003).

¹² *See supra* note 8.

¹³ *D.E.*, 58 ECAB 448 (2007); *George H. Clark*, 56 ECAB 162 (2004); *Patricia J. Glenn*, 53 ECAB 159 (2001).

employment factors caused or aggravated any diagnosed condition and present medical rationale in support of his or her opinion.¹⁴ Appellant failed to submit such evidence and therefore failed to discharge her burden of proof.

CONCLUSION

The Board finds that appellant has not established that she sustained plantar fasciitis of the right foot causally related to factors of her federal employment.

ORDER

IT IS HEREBY ORDERED THAT the January 25, 2012 decision of the Office of Workers' Compensation Programs is affirmed.

Issued: December 4, 2012
Washington, DC

Colleen Duffy Kiko, Judge
Employees' Compensation Appeals Board

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

James A. Haynes, Alternate Judge
Employees' Compensation Appeals Board

¹⁴ *D.D.*, 57 ECAB 734 (2006); *Robert Broome*, 55 ECAB 339 (2004).