

ISSUE

The issue is whether appellant has met his burden of proof to establish a medical condition causally related to the accepted February 27, 2019 employment incident.

FACTUAL HISTORY

On March 5, 2019 appellant, then a 55-year-old motor vehicle operator, filed a traumatic injury claim (Form CA-1) alleging that on February 27, 2019 he injured his right bicep, pectoral muscle, and rotator cuff when lifting a hose and gate valve to load a tanker trailer while in the performance of duty. On the reverse side of the claim form the employing establishment acknowledged that appellant was injured in the performance of duty. Appellant did not stop work.

In a development letter dated March 7, 2019, OWCP informed appellant that the evidence of record was insufficient to establish his claim. It advised him of the type of factual and medical evidence needed and provided a questionnaire for his completion. OWCP afforded appellant 30 days to submit the necessary evidence.

OWCP subsequently received a March 1, 2019 report from Dr. Troy Ehrhart, a Board-certified specialist in family medicine, who noted that appellant experienced right shoulder pain after lifting at work. Dr. Ehrhart indicated that appellant's pain was aggravated by lifting, moving, and pushing. He examined appellant and diagnosed right anterior shoulder pain, pectoralis muscle strain, right biceps strain, and right rotator cuff strain. In an accompanying work excuse note, Dr. Ehrhart indicated that appellant could return to full-duty work on March 9, 2019.

On March 8, 2019 Dr. Ehrhart noted that appellant still experienced severe right shoulder pain. He examined appellant and diagnosed right anterior shoulder pain, pectoralis muscle strain, right biceps strain, and right rotator cuff strain. In an accompanying work excuse note, Dr. Ehrhart indicated that appellant could return to work on March 16, 2019.

In a March 12, 2019 report, Dr. Claudius Jarrett, a Board-certified orthopedic surgeon, noted that appellant experienced aching and sharp right shoulder pain after a lifting injury at work on February 27, 2019. He examined appellant and diagnosed complete right rotator cuff tear. In an accompanying work excuse note, Dr. Jarrett indicated that appellant could return to work on March 26, 2019.

On March 13, 2019 appellant responded to OWCP's development questionnaire. He noted that he experienced extreme pain in his right shoulder after picking up a hose and gate valve, weighing 70 to 100 pounds, to attach to a tanker. Appellant indicated that he worked through his right shoulder pain and reported the incident to his supervisor on February 28, 2019, after the pain failed to subside. He noted that he did not have any similar disability or symptoms in his right shoulder, pectoral muscle, or biceps prior to the employment incident.

In a March 26, 2019 report, Dr. Jarrett noted that appellant's right shoulder pain was constant and worsening. He examined appellant and again diagnosed complete right rotator cuff tear. Dr. Jarrett ordered a magnetic resonance imaging (MRI) scan of appellant's right shoulder. In an accompanying work excuse note, he indicated that appellant could return to work on April 9, 2019.

In an attending physician's report, Part B of an authorization for medical examination and/or treatment (Form CA-16), dated March 29, 2019, Dr. Jarrett noted that appellant suffered a lifting injury at work on February 27, 2019. He diagnosed complete rotator cuff tear and checked a box marked "Yes," indicating that the condition was caused or aggravated by the described employment activity. Dr. Jarrett indicated that appellant could resume light-duty work with restrictions on April 9, 2019.

In a letter dated April 1, 2019, appellant again described the employment incident and reported his medical history.

In a letter dated April 2, 2019, counsel argued that appellant had established a clear-cut traumatic injury and that the claim should be readily accepted.

By decision dated April 10, 2019, OWCP denied appellant's claim, finding that, while the February 27, 2019 employment incident occurred, as alleged, the medical evidence of record was insufficient to establish a causal relationship between his diagnosed conditions and the accepted employment incident.

OWCP subsequently received an MRI report of appellant's right shoulder, dated March 30, 2019, which revealed mild supraspinatus and infraspinatus tendinosis, advanced glenohumeral joint osteoarthritis, and mild acromioclavicular joint osteoarthritis.

In a work excuse note dated April 15, 2019, Dr. Jarrett indicated that appellant could not return to work.

On April 15, 2019 appellant, through counsel, requested an oral hearing before a representative of OWCP's Branch of Hearings and Review.

In an April 19, 2019 report, Dr. Jarrett noted that appellant still experienced constant right shoulder pain. He examined appellant and reviewed an MRI scan of his right shoulder. Dr. Jarrett diagnosed disorder of the articular cartilage of the right shoulder joint and opined that it appeared to be a result of the employment incident. In an accompanying work excuse note, he indicated that appellant could return to light-duty work on April 22, 2019 with no lifting of more than two pounds with the right arm.

In a May 10, 2019 report, Dr. Jarrett noted that appellant's right shoulder pain was worsening and radiating into his neck and right hand. He examined appellant and diagnosed right shoulder arthritis and cervical radiculitis. Dr. Jarrett administered an intra-articular cortisone injection for appellant's right shoulder arthritis.

On May 14, 2019 Dr. Jarrett referred appellant to a pain management specialist.

In a work excuse note dated June 14, 2019, Dr. Jarrett indicated that appellant could return to full-duty work with no restrictions on July 8, 2019. In a follow-up note dated June 27, 2019, he recommended that appellant refrain from lifting more than five pounds for three months.

In a July 19, 2019 report, Dr. Jarrett examined appellant and diagnosed right shoulder injury, right rotator cuff tendinitis, right shoulder arthritis, and cervical radiculitis. He opined that appellant's symptoms were more likely than not exacerbated by the employment incident.

A telephonic hearing was held on August 9, 2019. During the hearing, appellant testified that he had no prior injuries to his right shoulder, but had right wrist surgery prior to the employment incident.

In a work excuse note dated September 27, 2019, Dr. Jarrett indicated that appellant could return to regular-duty work on September 30, 2019.

By decision dated October 17, 2019, OWCP's hearing representative affirmed the April 10, 2019 decision.

On January 2, 2020 appellant, through counsel, requested reconsideration.

In a December 27, 2019 partial report, Dr. Jarrett diagnosed right shoulder injury and right shoulder arthritis. He noted that on February 27, 2019 appellant lifted a hose, weighing 100 to 120 pounds, about 8 to 10 inches off the ground before experiencing sudden, sharp right shoulder pain. Dr. Jarrett opined that this incident appeared to have torqued appellant's rotator cuff muscle and tendon with excessive load resulting in the onset of his symptoms. He opined that, although appellant had possible underlying arthritis, his right shoulder symptoms were more likely than not exacerbated by the employment incident.

By decision dated January 27, 2020, OWCP denied modification of the October 17, 2019 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 the fact 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 period 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 determine whether a federal 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

⁴ *Supra* note 2.

⁵ *M.O.*, Docket No. 19-1398 (issued August 13, 2020); *S.B.*, Docket No. 17-1779 (issued February 7, 2018); *Joe D. Cameron*, 41 ECAB 153 (1989).

⁶ *J.R.*, Docket No. 20-0496 (issued August 13, 2020); *R.C.*, 59 ECAB 427 (2008); *James E. Chadden, Sr.*, 40 ECAB 312 (1988).

⁷ *B.M.*, Docket No. 19-1341 (issued August 12, 2020); *L.M.*, Docket No. 13-1402 (issued February 7, 2014); *Delores C. Ellyett*, 41 ECAB 992 (1990).

allegedly occurred.⁸ The second component is whether the employment incident caused a personal injury.⁹

Causal relationship is a medical question that requires rationalized medical opinion evidence to resolve the issue.¹⁰ 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 incident identified by the claimant.¹¹

In a case in which 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.¹²

ANALYSIS

The Board finds that appellant has not met his burden of proof to establish a medical condition causally related to the accepted February 27, 2019 employment incident.

In support of his claim, appellant submitted a series of reports from Drs. Ehrhart and Jarrett, dated March 1 through May 10, 2019. On March 1 and 8, 2019 Dr. Ehrhart diagnosed right anterior shoulder pain, pectoralis muscle strain, right biceps strain, and right rotator cuff strain. On March 12 and 26, 2019 Dr. Jarrett diagnosed complete right rotator cuff tear. On May 10, 2019 he diagnosed right shoulder arthritis and cervical radiculitis. Appellant also submitted a series of work excuse notes from Drs. Ehrhart and Jarrett, dated March 1 through September 27, 2019. Drs. Ehrhart and Jarrett did not offer an opinion as to whether appellant's diagnosed conditions were causally related to the employment incident in any of these reports and notes. 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.¹³ Accordingly, these reports and notes are insufficient to meet appellant's burden of proof to establish his claim.

In an attending physician's report, Part B of a Form CA-16, dated March 29, 2019, Dr. Jarrett diagnosed complete rotator cuff tear and checked a box marked "Yes," indicating that the condition was caused or aggravated by the described employment activity. However, the Board has held that when a physician's opinion on causal relationship consists only of checking a box marked "Yes" to a form question, without more by the way of medical rationale, that opinion

⁸ *T.J.*, Docket No. 19-0461 (issued August 11, 2020); *Elaine Pendleton*, 40 ECAB 1143 (1989).

⁹ *D.M.*, Docket No. 20-0386 (issued August 10, 2020); *John J. Carlone*, 41 ECAB 354 (1989).

¹⁰ *A.R.*, Docket No. 19-0465 (issued August 10, 2020); *Jacqueline M. Nixon-Steward*, 52 ECAB 140 (2000).

¹¹ *W.L.*, Docket No. 19-1581 (issued August 5, 2020); *Leslie C. Moore*, 52 ECAB 132 (2000).

¹² Federal (FECA) Procedure Manual, Part 2 -- Claims, *Causal Relationship*, Chapter 2.805.3e (January 2013); *C.C.*, Docket No. 19-1071 (issued August 26, 2020); *V.W.*, Docket No. 19-1537 (issued May 13, 2020).

¹³ *P.C.*, Docket No. 20-0855 (issued November 23, 2020).

is of limited probative value and is insufficient to establish causal relationship.¹⁴ As such, this report is insufficient to establish appellant's claim.

Appellant also submitted April 19 and July 19, 2019 reports from Dr. Jarrett. On April 19, 2019 Dr. Jarrett diagnosed disorder of the articular cartilage of the right shoulder joint. On July 19, 2019 he diagnosed right shoulder injury, right rotator cuff tendinitis, right shoulder arthritis, and cervical radiculitis. While he supported causal relationship in these reports, Dr. Jarrett offered only a conclusory statement devoid of medical rationale. He did not explain the medical mechanics of how the accepted employment incident of lifting a hose was competent to cause appellant's diagnosed conditions. The Board has held that a medical report is of limited probative value on a given medical issue if it contains an opinion which is unsupported by medical rationale.¹⁵ Consequently, these reports are also insufficient to establish appellant's claim.

In a December 27, 2019 partial report, Dr. Jarrett described the employment incident and diagnosed right shoulder injury and right shoulder arthritis. He opined that the employment incident "appear[ed]" to have torqued appellant's rotator cuff muscle and tendon with excessive load resulting in the onset of his symptoms. Dr. Jarrett further noted that although appellant had possible underlying arthritis, his right shoulder symptoms were "more likely than not" exacerbated by the employment incident. The Board has held that medical opinions that suggest that a condition "appeared" to be caused or was "likely" caused by work activities are speculative or equivocal in character and have limited probative value.¹⁶ Moreover, although Dr. Jarrett attempted to explain the mechanism of how the accepted employment caused appellant's diagnosed conditions, he failed to distinguish between the effects of the work-related injury and appellant's preexisting right shoulder arthritis. The Board has consistently held that complete medical rationalization is particularly necessary when there is a preexisting condition involving the same body part, and has required medical rationale differentiating between the effects of the work-related injury and the preexisting condition in such cases.¹⁷ As such, Dr. Jarrett's report is insufficient to establish appellant's claim.

The record contains an MRI scan of appellant's right shoulder, dated March 30, 2019. The Board has held, however, that diagnostic studies standing alone lack probative value on the issue of causal relationship as they do not provide an opinion as to whether the employment incident caused any of the diagnosed conditions.¹⁸

As the medical evidence of record does not contain rationalized medical evidence establishing causal relationship between appellant's diagnosed conditions and the accepted February 27, 2019 employment incident, the Board finds that appellant has not met his burden of proof.

¹⁴ V.S., Docket No. 20-1034 (issued November 25, 2020).

¹⁵ *Id.*

¹⁶ *See D.A.*, Docket No. 20-0951 (issued November 6, 2020).

¹⁷ *See V.S.*, *supra* note 14.

¹⁸ *Id.*

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 medical condition causally related to the accepted February 27, 2019 employment incident.¹⁹

ORDER

IT IS HEREBY ORDERED THAT the January 27, 2020 decision of the Office of Workers' Compensation Programs is affirmed.

Issued: February 3, 2021
Washington, DC

Janice B. Askin, Judge
Employees' Compensation Appeals Board

Patricia H. Fitzgerald, Alternate Judge
Employees' Compensation Appeals Board

Valerie D. Evans-Harrell, Alternate Judge
Employees' Compensation Appeals Board

¹⁹ The Board notes that the case record contains an attending physician's report (Part B of a Form CA-16), dated March 29, 2019. A completed Form CA-16 authorization may constitute a contract for payment of medical expenses to a medical facility or physician, when properly executed. The form creates a contractual obligation, which does not involve the employee directly, to pay for the cost of the examination or treatment regardless of the action taken on the claim. The period for which treatment is authorized by a Form CA-16 is limited to 60 days from the date of issuance, unless terminated earlier by OWCP. *See* 20 C.F.R. § 10.300(c); *J.G.*, Docket No. 17-1062 (issued February 13, 2018); *Tracy P. Spillane*, 54 ECAB 608 (2003).