

File Number:
HR13-D-H

RECEIVED MAY 06 2019

U.S. DEPARTMENT OF LABOR

OFFICE OF WORKERS' COMP PROGRAMS
PO BOX 8300 DISTRICT 50
LONDON, KY 40742-8300
Phone: (202) 693-0045

Date of Injury:
Employee:

Dear

This is in reference to your workers' compensation claim. Pursuant to your request for a hearing, the case file was transferred to the Branch of Hearings and Review.

A preliminary review was completed on the case. Based upon that review, it has been determined that the decision of the District Office should be reversed as outlined in the attached decision.

Your case file has been returned to the Jacksonville District Office. You may contact that office by writing to our Central Mail Room at the following address:

US DEPARTMENT OF LABOR
OFFICE OF WORKERS' COMP PROGRAMS
PO BOX 8300 DISTRICT 6 JAC
LONDON, KY 40742-8300

Sincerely,

Division of Federal Employees' Compensation

PAUL FELSER
FELSER LAW FIRM
7393 HODGSON MEMORIAL DRIVE
SUITE 102
SAVANNAH, GA 31406



If you have a disability and are in need of communication assistance (such as alternate formats or sign language interpretation), accommodation(s) and/or modification(s), please contact OWCP.

Washington DC, May 02, 2019

U. S. DEPARTMENT OF LABOR
Office of Workers' Compensation Programs

DECISION OF THE HEARING REPRESENTATIVE

*In the matter of the claim for compensation under Title 5, U. S. Code 8101 et. seq. of
employed by*

*Merit consideration of the claim was completed in Washington D.C. Based on this review,
the decision of the district office dated February 11, 2019, is reversed for the reasons set
forth below.*

The issue is whether the medical evidence is sufficient to establish a medical condition
causally related to the claimed work injury.

The claimant was employed as a mail carrier with in
when she filed a CA1 Notice of Traumatic Injury form
right hand got caught in a mailbox as
she was driving off. Medical documentation included a visit status
report form listing upper arm and right shoulder sprains and a December 14, 2018 CA16
Authorization for Examination And/Or Treatment form from

On January 7, 2019, the Office issued a development letter to the claimant requesting a
medical report that included dates of examination and treatment, history and date of
injury given to the physician, description of findings/test results, diagnosis and clinical
course of treatment followed, and the physician's opinion supported by a medical
explanation as to how the reported work incident caused or aggravated a medical
condition.

The Office received a x-ray report noting arm caught in mailbox two
hours ago with hyperextension and showing mild AC arthropathy with inferior spurring
and no acute fracture or dislocation. December 15, 2018 medical report from
giving a history of injury on when the claimant's right hand got
caught in the mailbox as she was driving off and her arm was bent back, with the
assessment of shoulder pain and sprains/strains of shoulder/upper arm, and the
recommendation to start physical therapy as soon as possible; a December 17, 2018 visit
status report form; a December 18, 2018 progress report from noting
the claimant's pain was unchanged so an MRI was being ordered; a December 18, 2018
visit status report form; a December 18, 2018 CA17 Duty Status Report form listing right
shoulder strain as the diagnosis due to injury; a December 27, 2018 progress report from
indicating the precipitating event for right shoulder pain was when the

claimant's hand was caught in the mailbox as she was driving off and her arm was bent backwards; a corresponding CA17 form again noting the diagnosis due to injury was right shoulder strain; January 2, 2019 and January 9, 2019 progress reports, CA17s, and visit status report forms noting no improvement in symptoms, and still waiting for physical therapy and MRI approval; a January 14, 2019 right shoulder MRI report revealing supraspinatus tendinopathy with possible partial thickness articular surface tear and moderate acromioclavicular osteoarthritis and secondary subacromial stenosis; and a January 16, 2019 progress report, CA17 form, and visit status report form from assessing rotator cuff syndrome/unspecified rotator cuff tear or rupture of right shoulder.

By decision dated February 11, 2019, the Office denied the claim for the reason the medical evidence was insufficient to establish a diagnosed medical condition was causally related to the work event. Specifically, the Office found the claimant's physician did not provide an opinion supported by a medical explanation as to how the reported work incident caused or aggravated a diagnosed condition. The claimant disagreed with this decision and by letter postmarked February 20, 2019, through her attorney, requested an oral hearing.

Post denial, the Office received a January 16, 2019 initial physical/occupational therapy evaluation report; therapy progress notes; a January 26, 2019 progress report, CA17 form, and visit status report form; a February 4, 2019 report documenting a trigger point injection was performed, with forms listing supraspinatus tear as the diagnosis due to injury; and a February 13, 2019 report from describing the injury and confirming the diagnosis of right shoulder partial rotator cuff tear.

Based on my preliminary review of the written evidence of record, the February 11, 2019 decision is reversed for the reasons set forth below.

An employee seeking benefits under the FECA 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.¹

To establish causal relationship, appellant must submit a physician's report in which the physician reviews the factors of employment identified by appellant as causing his condition and, taking these factors into consideration as well as findings upon examination of appellant and appellant's medical history, state whether these employment factors caused or aggravated appellant's diagnosed conditions and provide medical rationale in support of his opinion.²

¹ III, 44 ECAB ____ (Docket No. issued October 8, 1992).
² 41 ECAB ____ (Docket No. issued October 30, 1989).

In the instant case, the Office factually accepted that on _____ the claimant got her right hand stuck in a mailbox as she was driving away, causing her to hyperextend her right arm. She sought medical attention the same day. The employing agency did not challenge the claim and supported she was injured in the performance of duty. Based on my review of the medical records, the claimant's treating physicians provided narrative reports with a consistent and accurate description of the work injury and indicating that she was not having prior problems with her right arm/shoulder. These physicians also completed corresponding forms opining that the diagnosis due to injury was right shoulder sprain, and partial supraspinatus tear after an MRI was completed.

Given the obvious nature of the mechanism of injury in this case and the diagnoses consistent with such event, I find the medical evidence sufficient to accept this uncontroverted traumatic injury claim. The diagnosed conditions are logical and reasonable as being caused by the injury, and the physicians have given the opinion that they were due to the injury. In an uncontroverted traumatic injury claim where the fact of injury has been clearly established, and the injury is competent to cause the condition described, a physician's affirmative statement is sufficient to establish causal relationship.³ Further, although compensation awards must be based on reliable, probative and substantial evidence, the evidence required is only that necessary to convince the adjudicator that the conclusion drawn is rational and sound; it is not necessary that the evidence be so conclusive as to establish causal connection beyond all possible doubt. Where the relative circumstances strongly suggest a causal relationship and where the medical evidence also supports a causal relationship, appellant has met his (or her) burden of proof.⁴

Accordingly, the February 11, 2019 decision is hereby reversed and the case is returned to the district office for acceptance of right shoulder sprain and partial supraspinatus tear, and for coverage of related benefits.

ISSUED:

WASHINGTON, D.C.

Hearing Representative
Branch of Hearings and Review
For
Director, Office of Workers'
Compensation Programs

³

40 ECAB 607 (1989).

⁴

42 ECAB ____ (Docket No.

issued February 22, 1991).