



Occupational disease and illness claims (CA-2)

The Office of Workers' Compensation Programs (OWCP) defines an "occupational disease or illness" as a medical condition produced in the work environment *over a period longer than a single workday or shift* by such factors as systemic infection; continued or repeated stress or strain; or exposure to hazardous elements such as, but not limited to, toxins, poisons, fumes, noise, particulates or radiation, or other continued or repeated conditions or factors of the work environment. Some of the most widely recognized occupational diseases/illnesses include carpal tunnel syndrome, arthritis, rotator cuff strains and tendonitis.

A claim based on an occupational disease is filed with OWCP on Form CA-2, "Federal Employee's Notice of Occupational Disease and Claim for Compensation." In such claims, the employee has the burden of proving that the occupational disease is causally related to the employment (survivors have the same burden in death cases). Employees must develop the medical information to support their claim of occupational disease at their own expense and submit the objective medical and factual evidence, through the employing agency, to OWCP.

The term "causally related," as used in workers' compensation, means "proximately caused"—and "proximately caused" is recognized to mean closely related, as a result of, or following—in addition to direct cause.

Generally, a claim based on an occupational disease or illness is considerably more difficult to prove than a claim based on a traumatic injury. To be successful in pursuing a claim with OWCP, an employee must provide two basic documents:

- **The claimant's factual statement**—A detailed statement, dated and signed by the employee, describing in very *specific* detail the conditions or factors of employment believed to be the cause of the occupational disease—and the period of time involved. A description of the specific duties of the employee making the claim is of more value than a general description of duties.
- **A detailed medical report**—A detailed *narrative* medical report from the employee's attending physician—dated and signed on the physician's stationery and containing (in addition to dates of examination and treatment, descriptions of tests given, results of X-rays, etc.) the following key items:

- **A written statement by the physician reflecting knowledge of the employee's conditions of employment believed to be the cause of the claimed medical condition and resulting disability**—The physician should ideally include or attach a copy of a written statement prepared by the employee describing the conditions of employment; and the physician should reference the employee's statement.

- **A definitive or conclusive diagnosis**—There is no room for impressions or speculations.

- **The physician's opinion is written in definitive or conclusive terms**—Was the diagnosis caused permanently or temporarily aggravated, accelerated, or precipitated by the conditions of employment described by the employee? If it is only a temporary aggravation, acceleration or precipitation, then the opinion must specify the length of time involved.

- **Medical reasons for the physician's opinion**—How did the physician, from a medical point of view, arrive at the opinion? This is *very* important and should include a discussion of the pathological or other medical relationship between the diagnosis and the conditions of employment and an explanation of how any test results formed a basis for the opinion.

- **Period(s) of disability and the extent of disability during the period(s)**—This should specify whether the disability is total or partial. If partial, the physician must describe the work limitations.

The claimant's factual statement and the detailed medical report are related. Without the claimant's factual statement, the physician does not have a proper "frame of reference" for his or her medical opinion. Many claims fail because a physician has furnished a medical report that does not reflect full knowledge of the conditions of employment.

Many claims also fail because the diagnosis and/or medical opinion are not provided in positive terms. A speculative diagnosis is of little value, as is a medical opinion based on indecisive language such as "might be related" or "could very possibly be related."

Finally, unless medical rationale is provided by the physician, adjudication of the claim will be delayed until OWCP is satisfied that a full explanation of the basis of the physician's medical opinion is in the case record—or the claim will, in all probability, fail. ☒