U. S. DEPARTMENT OF LABOR

Employees' Compensation Appeals Board

In the Matter of ARTHUR C. SISK <u>and</u> DEPARTMENT OF AGRICULTURE, FARMERS HOME ADMINISTRATION, Little Rock, Ariz.

Docket No. 96-1164; Submitted on the Record; Issued April 6, 1998

DECISION and **ORDER**

Before MICHAEL J. WALSH, WILLIE T.C. THOMAS, MICHAEL E. GROOM

The issue is whether appellant has met his burden of proof in establishing that he was totally disabled on and after April 23, 1994 due to his accepted condition of left carpal tunnel syndrome.

Appellant was employed as an agriculture credit specialist by the U.S. Department of Agriculture until his voluntary retirement on April 8, 1994. On December 11, 1994 appellant filed a notice of occupational disease and claim for compensation (Form CA-2) alleging that his carpal tunnel condition in his left hand resulted from the repetitive use of his left hand at work. On December 10, 1994 appellant filed a form CA-7 claiming compensation for wage loss beginning April 23, 1994.

In support of his claim, appellant submitted copies of medical chart notes for left hand/wrist problems from November 1989 to June 1994, a report of nerve conduction studies performed on November 28, 1994 and copies of medical reports. In a November 21, 1989 medical report, Dr. H.B. Blumenfeld diagnosed carpal tunnel syndrome. In a November 28, 1994 medical report, Dr. D. Bud Dickson, a Board-certified orthopedic surgeon, noted that appellant had been complaining of pain and numbness in his left hand over the last two to three years and that the pain is usually made worse by working on his computer. Dr. Dickson diagnosed carpal tunnel syndrome of the left wrist.

On April 13, 1995 the Office of Workers' Compensation Programs accepted appellant's claim for left carpal tunnel syndrome and advised him that they were still developing the case to determine whether he was eligible for compensation benefits. The Office advised appellant to schedule surgery with Dr. Dickson.² By letter dated April 13, 1995, the Office notified the

¹ Appellant only has the use of his left hand as he lost his right hand in a truck accident in 1964.

² Appellant underwent carpal tunnel release surgery of his left wrist on May 12, 1995.

employing establishment that it accepted appellant's claim for left carpal tunnel syndrome and requested information pertaining to appellant's resignation on April 8, 1994. Specifically, the Office asked whether appellant resigned due to his inability to perform his regular-duty job and, if so, whether a limited-duty job would have been available.

The employing establishment provided copies of appellant's Form SF-50-B, Notification of Personnel Action, which stated that no reason was given for his resignation. The employing establishment also attached a copy of a letter dated April 6, 1995, in which appellant was advised that his application for disability retirement had been approved.

By letter dated May 30, 1995, the Office advised appellant that medical evidence was needed to support his claim for compensation. It specifically informed appellant that the medical evidence must support that he was totally disabled and unable to perform his duties as a result of his accepted left carpal tunnel syndrome.

In response to the Office's request, appellant submitted a medical note from Dr. Blumenfeld dated June 17, 1994, which indicated that he returned after a five-month absence and achieved relief from Depomedrol, which he received every six months. The note further indicated that the medication was used to treat appellant's carpal tunnel syndrome which was chronic from use of a computer.

On August 14, 1995 the Office denied appellant's claim for compensation for the period beyond April 23, 1994, as the medical evidence was insufficient to support that his accepted work-related condition prevented him from performing the credit specialist job he held when he retired on April 8, 1994.

By letter dated September 11, 1995, appellant requested a review of the written record alleging that he could not perform his former job duties as he is a one-handed individual (left hand), the job required the use of computers, and his left carpal tunnel syndrome prevented him from using a computer. Appellant submitted a copy of the operative report for the carpal tunnel release surgery he underwent on May 13, 1995, and a June 5, 1995 report from Dr. Blumenfeld which noted that appellant was healing well from the endoscopic carpal tunnel of his left wrist and was given a release.

By decision dated January 19, 1996, a hearing representative denied appellant's claim for wage-loss compensation on and after April 23, 1994 finding insufficient medical evidence to address the issue of whether appellant was disabled from his former federal employment because of his accepted left carpal tunnel syndrome.

The Board finds that appellant has failed to meet his burden of proof in establishing that he was totally disabled on and after April 23, 1994 due to his accepted condition of left carpal tunnel syndrome.

An employee seeking benefits under the Federal Employees' Compensation Act ³ has the burden of establishing the essential elements of his or her claim, including the fact that an injury

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³ 5 U.S.C. § 8101 *et seq*.

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.⁴ As part of this burden, the claimant must present rationalized medical evidence, based upon a complete factual and medical background, showing causal relationship.⁵

In the instant case, the Office accepted that appellant's left carpal tunnel syndrome arose in the performance of duty. The medical evidence of record, however, fails to address the relevant issue of whether appellant was disabled due to his accepted employment injury. Although the medical reports of Drs. Blumenfeld and Dickson support the fact that appellant had carpal tunnel syndrome of his left hand/wrist, the physicians never rendered an opinion on whether appellant could perform his former employment nor did they otherwise address any specific period of disability due to the accepted condition. The determination of whether an employee is disabled for work is primarily medical in nature and is in the realm of medical evidence.⁶ Therefore, these reports are not sufficient to meet appellant's burden of proof.

Moreover, appellant's Standard Form 50-B indicating his resignation from federal employment and the Office of Personnel Management's approval letter for disability retirement fails to indicate the reason why appellant resigned on April 8, 1994.

For these reasons, appellant has not met his burden of proof in establishing that his accepted condition disabled him beginning April 23, 1994.

Notwithstanding appellant's failure to submit any medical evidence addressing any period of work-related disability, the Board notes that appellant would be entitled to wage-loss compensation for any disability resulting from surgery necessitated by an employment-related condition. Furthermore, Office procedures contemplate surgery will often be the recommended treatment for carpal tunnel syndrome and that, in such instances, disability due to the surgery is to be expected. The Board notes that the Office's April 13, 1995 acceptance letter to appellant appears to authorize surgery for appellant's accepted left carpal tunnel syndrome. Upon return of the case record, the Office should confirm whether it authorized the May 13, 1995 surgery and, if so, pay appropriate disability compensation for any period of disability resulting from the surgery following appropriate medical development.

⁴ Elaine Pendleton, 40 ECAB 1143, 1145 (1989).

⁵ Joseph T. Gulla, 36 ECAB 516 (1985).

⁶ Janice N. Cooper, 32 ECAB 528 (1981).

⁷ See Rose Thompson, 33 ECAB 1947 (1982).

⁸ See Federal (FECA) Procedure Manual, Part 2 -- Claims, Occupational Illness, Chapter 2.806.3(a)(3)(b) (June 1996) which provides that disability after acceptance may be due to surgery or worsening of the accepted condition and indicates that disability following surgery is expected in carpal tunnel syndrome cases since surgery is often the recommended treatment for this condition.

The decision of the Office of Workers' Compensation Programs dated January 19, 1996 is hereby affirmed in part and remanded in part for further action consistent with this decision.

Dated, Washington, D.C. April 6, 1998

> Michael J. Walsh Chairman

Willie T.C. Thomas Alternate Member

Michael E. Groom Alternate Member