

U. S. DEPARTMENT OF LABOR

Employees' Compensation Appeals Board

---

In the Matter of THOMAS G. HANRAHAN and DEPARTMENT OF THE NAVY,  
GREAT LAKES NAVAL BASE, Great Lakes, Ill.

*Docket No. 96-1381; Submitted on the Record;  
Issued February 12, 1998*

---

DECISION and ORDER

Before GEORGE E. RIVERS, DAVID S. GERSON,  
A. PETER KANJORSKI

The issue is whether appellant has met his burden of proof in establishing that his bilateral carpal tunnel syndrome is causally related to factors of his federal employment.

On July 11, 1992 appellant, then a 47-year-old air conditioning/refrigeration mechanic, filed a notice of occupational disease and claim for compensation (Form CA-2) alleging that he had carpal tunnel syndrome. He stated that he first became aware of the condition on April 16, 1992 when his personal physician, Dr. Daniel Wynn, a Board-certified neurologist, informed him that his problem was work related. Appellant was separated from federal employment effective September 24, 1982.

In a report dated April 16, 1992, Dr. Wynn, in an evaluation for appellant's obstructive sleep apnea, noted that appellant had lost "feeling in his left axilla and left upper extremity." Dr. Wynn noted that appellant had been informed that he had bilateral carpal tunnel syndrome previously. In an electromyography (EMG) conducted on May 22, 1992, bilateral carpal tunnel syndrome and mild axonal peripheral neuropathy were noted.

In a report dated August 6, 1992, Dr. Wynn noted that appellant had been exposed to anhydrous ammonia at work and that "he has had substantial nerve damage" since then. Dr. Wynn diagnosed bilateral carpal tunnel syndrome due to appellant's toxic exposure and the repetitive activity at work.

In a report dated January 7, 1993, Dr. O.P. Steinwald, a Board-certified plastic surgeon, diagnosed bilateral carpal tunnel syndrome due to appellant's repetitive use of his hands in his employment.

In a report dated January 21, 1993, Dr. Wynn opined that appellant's carpal tunnel syndrome dated to his exposure to anhydrous ammonia which resulted in a peripheral neuropathy. Dr. Wynn indicated:

“[Appellant’s][p]eripheral neuropathy make him more susceptible to having local entrapment neuropathies, such as carpal tunnel syndrome. Given his toxin exposure, as well as he works as a heating/air conditioning/refrigeration mechanic, the development of carpal tunnel syndrome would be common.

“It is my impression that he developed carpal tunnel syndrome as a consequence of developing the peripheral neuropathy secondary to toxin exposure at his job site.”

In a letter dated February 20, 1993, appellant informed the Office of Workers’ Compensation Programs that date of injury listed by the Office as April 16, 1992 was incorrect. Appellant indicated that he first became aware of “tingling in my fingers, knife-like pain in both my left and right hands, numbness in both left and right hand and arms” in November 1979. Appellant noted that his condition went undiagnosed until he saw Dr. Wynn for an examination of his sleep apnea.

By decision dated April 26, 1993, the Office rejected appellant’s claim on the basis that he had failed to timely file his claim.

By letter dated April 26, 1994, appellant, through counsel, submitted an EMG dated April 13, 1988, a letter from appellant, evidence previously submitted by appellant and advanced a legal argument not previously considered by the Office.<sup>1</sup> In the April 13, 1988 EMG, it was noted that the nerve conduction velocities were normal and that essentially it was a normal study. It was noted that there was a mild abnormality “of uncertain significance.”

By letter dated December 27, 1994, appellant submitted a supplemental report from Dr. Steinwald. In a report dated November 9, 1994, Dr. Steinwald based upon a review of appellant’s medical records, employment history and a physical examination of appellant, diagnosed carpal tunnel compression of the median nerves. Dr. Steinwald noted appellant’s belief that “the repetitive and strenuous use of his hands” in his employment in the refrigeration-air conditioning industry aggravated his carpal tunnel even though appellant had not worked for 15 years. Dr. Steinwald further noted that appellant began to have symptoms in 1984. Dr. Steinwald opined that “the ammonia exposure did not contribute to, nor did it cause the carpal tunnel compression of the median nerves.” Dr. Steinwald also opined:

“If [appellant’s] complaints of numbness in both hands occurred as early as 1979 then it would be my opinion that the repetitive and strenuous use of his hands aggravated and/or caused the carpal tunnel compression of the median nerves. I am, however, at a loss to explain why with his multiple examinations why the diagnosis of carpal tunnel compression of the median nerves was not made until EMG/NCV testing was done in 1988.”

---

<sup>1</sup> The Board notes that the appellant submitted additional evidence related to his pulmonary conditioning support of his claim which was not relevant to the issue of whether his carpal tunnel syndrome was causally related to his federal employment.

By decision dated January 9, 1996, the Office modified the April 23, 1993 decision to find that appellant had timely filed his claim. However, the Office denied the claim as the Office found the evidence insufficient to establish a causal connection between his carpal tunnel syndrome and his federal employment.

A person who claims benefits under the Federal Employees' Compensation Act<sup>2</sup> has the burden of establishing the essential elements of his claim, including that he sustained an injury while in the performance of duty and that he had disability as a result.<sup>3</sup> In accordance with the Federal (FECA) Procedure Manual, in order to determine whether an employee actually sustained an injury in the performance of his duty, the Office begins with the analysis of whether "fact of injury" has been established. Generally, "fact of injury" consists of two components which must be considered one in conjunction with the other. The first component to be established is that the employee actually experienced the employment incident or exposure which is alleged to have occurred.<sup>4</sup> In order to meet his burden of proof to establish the fact that he sustained an injury in the performance of duty, an employee must submit sufficient evidence to establish that he actually experienced the employment injury or exposure at the time, place and in the manner alleged. The second component is whether the employment incident caused a personal injury and generally can be established only by medical evidence.<sup>5</sup> The evidence required to establish causal relationship is rationalized medical opinion evidence, based upon complete factual and medical background, showing a causal relationship between the claimed condition and the identified factors.<sup>6</sup> The belief of the claimant that a condition was caused or aggravated by the employment is not sufficient to establish a causal relationship.<sup>7</sup>

In the instant case, appellant submitted additional factual and medical evidence with his request for reconsideration. However, appellant has failed to provide rationalized medical opinion evidence that demonstrates that his carpal tunnel syndrome was causally related to factors of his federal employment. Appellant was officially terminated from the employing establishment effective September 1982. Dr. Wynn diagnosed bilateral carpal tunnel syndrome due to appellant's toxic exposure and the repetitive activity at work. In his report, Dr. Wynn failed to include a complete factual and medical background nor did he address the nature of the relationship between appellant's diagnosed condition and specific employment factors.<sup>8</sup> Dr. Wynn also failed to explain why appellant's carpal tunnel syndrome was diagnosed in 1988 and then attributed to appellant's employment in 1992 when appellant was terminated from his

---

<sup>2</sup> 5 U.S.C. §§ 8101-8193.

<sup>3</sup> *Daniel R. Hickman*, 34 ECAB 1220 (1983); *see* 20 C.F.R. § 10.110(a).

<sup>4</sup> Federal (FECA) Procedure Manual, Part 2 -- Claims, *Fact of Injury*, Chapter 3.803.2(a) (September 1980).

<sup>5</sup> *John J. Carlone*, 41 ECAB 354 (1989); *see* 5 U.S.C. § 8101(5) ("injury" defined); 20 C.F.R. §§ 10.5(a)(15), 10.5(a)(16) ("traumatic injury" and "occupational disease" defined).

<sup>6</sup> *Lourdes Harris*, 45 ECAB 545 (1994); *see* *Walter D. Morehead*, 31 ECAB 188 (1979).

<sup>7</sup> *Manual Garcia*, 37 ECAB 767 (1986).

<sup>8</sup> *Gary L. Fowler*, 45 ECAB 365 (1994).

federal employment effective September 24, 1982 and had not worked since May 14, 1980. Dr. Wynn's report is insufficient to meet appellant's burden of proof that his condition occurred as alleged and the opinion is not based upon a complete and accurate factual and medical history. Dr. Steinwald's report also fails to support that appellant's condition is due to or aggravated by factors of his federal employment. Dr. Steinwald opined that if appellant had carpal tunnel as early as 1979 then appellant's condition would be due to his federal employment. Dr. Steinwald's report is speculative and is insufficient to establish either direct causation or an aggravation to appellant's condition, from his work duties.<sup>9</sup> Consequently, appellant has not established that his carpal tunnel syndrome was caused or aggravated by factors of his federal employment.

As appellant has failed to submit rationalized medical opinion evidence, he has failed to meet his burden of proof and the Office properly denied his claim.

The decision of the Office of Workers' Compensation Programs dated January 9, 1996 is affirmed.

Dated, Washington, D.C.  
February 12, 1998

George E. Rivers  
Member

David S. Gerson  
Member

A. Peter Kanjorski  
Alternate Member

---

<sup>9</sup> Report is speculative and is insufficient to establish either direct causation or an aggravation to appellant's condition from her work duties.