

U. S. DEPARTMENT OF LABOR

Employees' Compensation Appeals Board

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In the Matter of LOIS MOSSMAN and U.S. POSTAL SERVICE,  
POST OFFICE, Providence, R.I.

*Docket No. 95-1819; Submitted on the Record;  
Issued March 4, 1998*

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DECISION and ORDER

Before MICHAEL J. WALSH, DAVID S. GERSON,  
BRADLEY T. KNOTT

The issue is whether appellant sustained a recurrence of disability on February 13, 1993 causally related to her employment-related right carpal tunnel syndrome.

The Board has duly reviewed the case record in the present appeal and finds that the Office of Workers' Compensation Programs properly determined that appellant failed to meet her burden of proof in establishing that she sustained a recurrence of disability.

The facts in this case indicate that on December 17, 1987 appellant, then a 41-year-old rural carrier, filed an occupational disease claim, alleging that her work duties caused carpal tunnel syndrome. She stopped work on December 24, 1987, underwent right carpal tunnel release on January 7, 1988, and returned to limited duty on April 26, 1988. She stopped work again on July 11, 1988. On July 15, 1988 appellant filed an occupational disease claim for carpal tunnel syndrome on the left.<sup>1</sup> She returned to work on December 14, 1988, performing light office work four hours per day. By letter dated January 19, 1989, the Office accepted that appellant sustained employment-related right carpal tunnel syndrome with surgical release, and she received appropriate compensation. The record indicates that appellant continued to work for four to six hours daily. On June 16, 1992 appellant accepted a modified distribution clerk job offer, five hours per day.

On March 11, 1993 appellant submitted a recurrence of disability claim, alleging that on February 13, 1993 she reinjured her right hand which caused pain in her left hand due to overusage. On February 14, 1993 she began working two hours per day and continued to receive compensation for three hours per day. The record indicates that appellant subsequently began a new limited-duty assignment, for four hours per day and began working seven hours per day on April 4, 1994.

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<sup>1</sup> There is no decision in the record regarding this claim.

By decision dated June 9, 1994, the Office denied appellant's recurrence claim on the grounds that the medical evidence was insufficient to establish that her right carpal tunnel syndrome had worsened. Following appellant's request, a hearing was held on November 29, 1994, at which she testified that on February 13, 1993 she experienced a "different pain" that was more severe than previously. In a February 6, 1995 decision, the Office hearing representative affirmed the prior decision, finding that the medical evidence failed to show that the February 13, 1993 recurrence was causally related to her right carpal tunnel syndrome.

Dr. Kenneth H. Guild, appellant's treating Board-certified orthopedic surgeon, submitted a brief note dated February 16, 1993 in which he advised that appellant should work two to three hours daily "until her wrists improve." In a treatment note dated February 23, 1993, he reported that she complained of continued pain and numbness in both hands and advised that she should work only two hours per day. On June 15, 1993 the Office requested that Dr. Guild provide information regarding the cause of appellant's problems with her hands, the reason she could not work but two hours per day and the testing he had performed. By report dated July 7, 1993, Dr. Guild stated that appellant had tendinitis in her right thumb and chronic problems with residuals of her right carpal tunnel syndrome. He stated that her work hours were limited because of "continued problems with pain and numbness in her right hand and somewhat in her left." A July 15, 1993 electromyography (EMG) was interpreted by Dr. Kathleen Kroessler, a Board-certified neurologist, as normal with no evidence of bilateral carpal tunnel syndrome. In a September 20, 1993 report, Dr. Graham J. Gumley, a Board-certified orthopedic surgeon, advised that there were "no firm indicators" to indicate the cause of appellant's "complicated wrist problem," and stated that her local area pain was not necessarily associated with wound scarring from her carpal tunnel release. He recommended pain management.

By letters dated November 10, 1993 and January 31, 1994, the Office requested that Dr. Guild furnish information to include the specific work factors that necessitated a reduction in appellant's work schedule.

In a report dated January 27, 1994, Dr. Steven A. Bensson, a Board-certified internist, stated that in February 1993 appellant began to develop increased pain in both wrists when she began to use her hands more frequently in sorting mail. He noted that she had completed a pain management program and was working three hours per day. Physical examination revealed no tenderness and full range of motion with nearly normal strength. Dr. Bensson advised that appellant could work four hours per day with weight restrictions and gradually increase to eight hours per day. He continued to submit reports and on March 7, 1994 advised that she could work five hours per day and on April 4, 1994 reported that she could increase to seven hours per day. She returned to an eight-hour day on April 18, 1994.

When an employee, who is disabled from the job he or she held when injured on account of employment-related residuals, returns to a light-duty position or the medical evidence of record establishes that he or she can perform the light-duty position, the employee has the burden to establish by the weight of the reliable, probative and substantial evidence a recurrence of total disability and show that he or she cannot perform such light duty. As part of this burden, the

employee must show either a change in the nature and extent of the injury-related condition or a change in the nature and extent of the light-duty requirements.<sup>2</sup>

Causal relationship is a medical issue,<sup>3</sup> and the medical evidence required to establish a causal relationship is rationalized medical evidence. Rationalized medical evidence is medical evidence which includes a physician's rationalized medical opinion on the issue of whether there is a causal relationship between the claimant's diagnosed condition and the implicated employment factors. 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 factors identified by the claimant.<sup>4</sup> Moreover, neither the mere fact that a disease or condition manifests itself during a period of employment nor the belief that the disease or condition was caused or aggravated by employment factors or incidents is sufficient to establish causal relationship.<sup>5</sup>

The medical evidence does not support that appellant sustained a recurrence of disability causally related to the accepted injury. Dr. Guild's reports contemporaneous to the alleged recurrence merely indicate that appellant should reduce her work hours "until her wrists improve," due to pain and numbness in both hands. Following query by the Office, Dr. Guild responded that appellant's work hours were limited because of "continued problems with pain and numbness in her right hand and somewhat in her left." Dr. Kroessler advised that appellant's EMG was normal, and Dr. Gumley reported that her pain was not necessarily associated with wound scarring from her carpal tunnel release. Dr. Guild did not reply to the Office's continued requests for information. Likewise, in his January 27, 1994 report, Dr. Bensson reported that physical examination revealed no tenderness with full range of motion and nearly normal strength. As appellant failed to submit rationalized medical evidence that identified specific employment factors that caused her increased pain on February 13, 1993, she failed to discharge her burden of proof, and the Board finds that she failed to establish a recurrence of disability. The Board notes, however, that in her recurrence claim appellant indicated that, in addition to reinjuring her right hand, factors of employment also caused pain in her left hand. This aspect of the claim has not been adjudicated and, as a claim need not be filed on any particular form,<sup>6</sup> upon return of the case record, the Office should adjudicate this aspect of the claim.

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<sup>2</sup> *Gus N. Rodes*, 46 ECAB 518 (1995); *Cynthia M. Judd*, 42 ECAB 246 (1990); *Terry R. Hedman*, 38 ECAB 222 (1986).

<sup>3</sup> *Mary J. Briggs*, 37 ECAB 578 (1986).

<sup>4</sup> *Gary L. Fowler*, 45 ECAB 365 (1994); *Victor J. Woodhams*, 41 ECAB 345 (1989).

<sup>5</sup> *Minnie L. Bryson*, 44 ECAB 713 (1993); *Froilan Negron Marrero*, 33 ECAB 796 (1982).

<sup>6</sup> *Barbara A. Weber*, 47 ECAB \_\_\_\_ (Docket No. 94-1047, issued November 1, 1995).

The decisions of the Office of Workers' Compensation Programs dated February 6, 1995 and June 9, 1994 are hereby affirmed.

Dated, Washington, D.C.  
March 4, 1998

Michael J. Walsh  
Chairman

David S. Gerson  
Member

Bradley T. Knott  
Alternate Member