

U. S. DEPARTMENT OF LABOR

Employees' Compensation Appeals Board

In the Matter of SHARDELL S. SMITH and U.S. POSTAL SERVICE,
30TH STREET STATION, Philadelphia, Pa.

*Docket No. 97-2482; Submitted on the Record;
Issued June 2, 1999*

DECISION and ORDER

Before DAVID S. GERSON, MICHAEL E. GROOM,
A. PETER KANJORSKI

The issue is whether appellant established that she sustained recurrence of disability causally related to her accepted work injury.

The Board has carefully reviewed the case record and finds that appellant has failed to meet her burden of proof in establishing a causal relationship between her 1989 condition and the alleged 1993 recurrence of disability.

Under the Federal Employees' Compensation Act,¹ an employee who claims a recurrence of disability due to an accepted employment-related injury has the burden of establishing by the weight of the substantial, reliable and probative evidence that the recurrence of the disabling condition for which compensation is sought is causally related to the accepted employment injury.² As part of this burden the employee must submit rationalized medical evidence from a physician who, on the basis of a complete and accurate factual and medical history, concludes that the current disabling condition is causally related to the accepted employment-related condition,³ and supports that conclusion with sound medical reasoning.⁴

Section 10.121(b) provides that when an employee has received medical care as a result of the recurrence, he or she should arrange for the attending physician to submit a medical report covering the dates of examination and treatment, the history given by the employee, the findings, the results of x-ray and laboratory tests, the diagnosis, the course of treatment, the physician's

¹ 5 U.S.C. §§ 8101-8193.

² *Dennis J. Lasanen*, 43 ECAB 549, 550 (1992).

³ *Kevin J. McGrath*, 42 ECAB 109, 116 (1990).

⁴ *Lourdes Davila*, 45 ECAB 139, 142 (1993).

opinion with medical reasons regarding the causal relationship between the employee's condition and the original injury, any work limitations or restrictions and the prognosis.⁵

Thus, the medical evidence must demonstrate that the claimed recurrence was caused, precipitated, accelerated, or aggravated by the accepted injury.⁶ In this regard, medical evidence of bridging symptoms between the recurrence and the accepted injury must support the physician's conclusion of a causal relationship.⁷ Neither the fact that appellant's condition became apparent during a period of employment nor appellant's belief that his condition was caused by his employment is sufficient to establish a causal relationship.⁸

Further, when an employee who is disabled from the job he held when injured returns to a light-duty position, or the medical evidence of record establishes that he can perform the light-duty position, the employee has the burden of establishing by the weight of the reliable, probative, and substantial evidence that he cannot perform such light duty.⁹ As part of this burden, the employee must show a change in the nature and extent of the injury-related condition or a change in the nature and extent of the light-duty job requirements.¹⁰

In this case, appellant's notice of occupational disease, filed on July 6, 1990, was accepted for bilateral wrist strain and carpal tunnel syndrome caused by repetitive keying of mail in a letter sorting machine. On November 24, 1993 appellant filed a notice of recurrence of disability, stating that she had trouble doing daily tasks because of extensive pain in her wrists/hands and shoulders/neck. Appellant did not stop work.

By letters dated June 28 and October 4, 1996, the Office of Workers' Compensation Programs informed appellant of the evidence required to establish a causal relationship between her carpal tunnel syndrome and the thoracic outlet syndrome¹¹ thoracic outlet syndrome diagnosed by Dr. Ernest M. Baran, Board-certified in physical medicine and rehabilitation, to whom her treating physician, Dr. Timothy G. Reekie, Board-certified in family practice, had referred her.

On November 29, 1996 the Office denied appellant's claim on the grounds that the medical evidence was insufficient to establish a causal relationship between appellant's thoracic

⁵ 20 C.F.R. § 10.121(b).

⁶ Federal (FECA) Procedure Manual, Part 2 -- Claims, *Causal Relationship*, Chapter 2.805.2 (June 1995).

⁷ *Leslie S. Pope*, 37 ECAB 798, 802 (1986); cf. *Richard McBride*, 37 ECAB 748, 753 (1986).

⁸ *Kathryn Haggerty*, 45 ECAB 383, 389 (1994).

⁹ *Richard E. Konnen*, 47 ECAB 388, 389 (1996).

¹⁰ *Gus N. Rodes*, 46 ECAB 518, 526 (1995); *Terry R. Hedman*, 38 ECAB 222, 227 (1986).

¹¹ Thoracic outlet syndrome is defined as a compression of the brachial plexus nerve trunks characterized by pain the arms, paresthesia of the fingers, pallor, and weakness and wasting of the small muscles of the hands; it may be caused by a drooping shoulder girdle, a cervical rib or fibrous band, an abnormal first rib, or continual hyper-abduction of the arm. *Dorland's Illustrated Medical Dictionary* (27th ed. 1988).

outlet syndrome and the accepted work condition. Appellant requested reconsideration and submitted a January 16, 1997 report from Dr. Steven Mandel, a Board-certified neurologist, who concluded that appellant's problems in her right shoulder were at least partially caused or aggravated by her work-related activities.

On March 6, 1997 the Office denied appellant's request on the grounds that the evidence submitted in support of reconsideration was insufficient to warrant modification of its prior decision. The Office noted that Dr. Mandel based his opinion on his belief that appellant's work duties involved repetitive activity and the record indicated otherwise. Appellant's subsequent request for reconsideration was denied on the same grounds on June 11, 1997.

The Board finds that the medical evidence fails to establish the requisite causal connection between appellant's thoracic outlet syndrome and the accepted carpal tunnel syndrome. First, Dr. Baran's reports dated July 19 and October 3, 1995 provided no opinion on causal relationship. Second, an October 21, 1996 letter from Dr. John J. Bowden, an osteopathic practitioner, stated that appellant's thoracic outlet syndrome was related to her injuries "because of multiple nerve involvement from the neck and into the shoulder," but provided no explanation of what injuries or any rationale for this conclusion.

In his January 16, 1997 report, Dr. Mandel noted that he had reviewed appellant's October 2, 1996 statement describing her job, onset of symptoms, and ongoing complaints of pain. He stated that if one does repetitive activity, one can develop carpal tunnel syndrome or thoracic outlet syndrome as a result, and that if one had carpal tunnel syndrome, one can then develop, even without any injury to the shoulder, thoracic outlet syndrome problems over time as part of a double crush lesion.

Dr. Mandel concluded: "She has had prior trauma. I told her I cannot exclude any of the incidents of prior trauma as a contributory factor to her current difficulties, but she clearly has ongoing problems in the right arm that at least are partially caused by or aggravated by her work-related activities."

Dr. Mandel's report indicates that his conclusion is based on his belief that appellant was performing the same type of repetitive tasks that caused her carpal tunnel syndrome. He stated that repetitive duties could eventually lead to thoracic outlet syndrome developing, but appellant's statement indicated that when she returned to the employing establishment in August 1992 she did not perform the repetitive keying on the letter sorting machine that she had been doing in 1989 and 1990.

Rather, appellant was first assigned to the "patch table" where she repaired torn and damaged mail and then in 1994 began work in the office where she performed clerical duties such as answering the telephone, making copies of documents, and dealing with paperwork. Appellant did not state in her October 2, 1996 letter that these duties were repetitive. Inasmuch as Dr. Mandel's opinion is grounded on an erroneous work history, his conclusion on causal relationship has little probative value.¹²

¹² See *Patricia M. Mitchell*, 48 ECAB ____ (Docket No. 95-834, issued February 27, 1997) (finding that medical

Further, Dr. Mandel explained that he could not exclude appellant's prior traumatic injuries from vehicle accidents in 1991 and 1993 as causative factors in the development of her thoracic outlet syndrome. Dr. Baran also failed to distinguish the effects of the 1993 incident when appellant's head was hit by the trunk of her car from her work duties, again diminishing the probative value of his opinion.¹³

Appellant argued on reconsideration that Dr. Mandel was aware of the fact that appellant had been performing modified tasks since returning to the employing establishment, but that the damage was done when she was keying the letter sorting machine and her symptoms had gradually worsened over the years. Appellant's belief that her present condition is work related is insufficient, absent a supporting medical opinion that is well rationalized, to establish the requisite causal relationship.¹⁴

Further, appellant has submitted no medical evidence showing that the nature of the light-duty tasks she had been assigned in 1992 through 1996 had changed or that her accepted condition of carpal tunnel syndrome had worsened to the point of incapacitating her for this work.¹⁵ Therefore, the Board finds that appellant has not met her burden of proof in establishing her claim for a recurrence of disability.

opinions based on an incomplete history have little probative value).

¹³ See *Connie Johns*, 44 ECAB 560, 569 (1993), citing *Philip J. Deroo*, 39 ECAB 1294, 1298 (1988) (finding that a physician's opinion on causal relationship must be one of reasonable medical certainty, supported by affirmative evidence, explained by medical rationale, and based on a complete and accurate medical and factual background).

¹⁴ See *Velta H. Mikelsons*, 39 ECAB 1278, 1292 (1988) (finding that appellant's belief that her carpal tunnel syndrome was caused by her employment is insufficient to establish the requisite causal relationship).

¹⁵ See *Glenn Robertson*, 48 ECAB ____ (Docket No. 95-639, issued February 20, 1997) (finding that appellant failed to submit rationalized medical evidence explaining how and why he was unable to perform his light-duty position); cf. *Mary A. Wright*, 48 ECAB ____ (Docket No. 94-1713, issued December 19, 1996) (finding that appellant submitted sufficient medical evidence to show that her accepted back condition worsened so that she could not perform the required duties of the rehabilitation position).

The June 11 and March 6, 1997 and the November 29, 1996 decisions of the Office of Workers' Compensation Programs are affirmed.

Dated, Washington, D.C.
June 2, 1999

David S. Gerson
Member

Michael E. Groom
Alternate Member

A. Peter Kanjorski
Alternate Member