U. S. DEPARTMENT OF LABOR

Employees' Compensation Appeals Board

In the Matter of ANNIE P. QUEEN-THOMAS and U.S. POSTAL SERVICE,
MARIETTA POST OFFICE, Marietta, GA

Docket No. 98-249; Submitted on the Record;
Issued September 15, 1999

DECISION and ORDER

Before GEORGE E. RIVERS, WILLIE T.C. THOMAS,
A. PETER KANJORSKI

The issue is whether appellant met her burden of proof in establishing that she sustained carpal tunnel syndrome in the performance of duty causally related to factors of her federal employment.

On January 30, 1997 appellant, then a 34-year-old letter carrier, filed a notice of occupational disease and claim for compensation (Form CA-2), alleging that she developed carpal tunnel syndrome as a result of her employment.

In support of her claim, appellant submitted nerve conduction studies, in which Dr. Scott D. Cooper, a neurologist, diagnosed mild bilateral carpal tunnel syndrome and mild cervical radiculopathy. In addition, appellant submitted a November 12, 1996 report by Dr. D. Kay Kirkpatrick, a Board-certified orthopedic surgeon, in which he diagnosed cubital tunnel syndrome and stated that this was related to appellant's work at the employing establishment. Appellant also filed with her claim a November 12, 1996 attending physician's report, in which Dr. Kirkpatrick he diagnosed carpal tunnel syndrome and indicated that it was caused or aggravated by employment activity. However, contrary to the instructions on the form, she did not further explain the relationship between appellant's carpal tunnel syndrome and her federal employment. Dr. Kirkpatrick noted that she initially examined appellant on October 29, 1996 and that appellant was able to return to work in a light-duty capacity effective December 1, 1996.[1]

In response to the Office of Workers' Compensation Programs' February 14, 1997, request for further factual and medical information, appellant submitted a statement dated March 11, 1997, in which she explained that she was employed as a city carrier, and that casing and delivering of the mail involves repeated movement of the wrist.

[1] Appellant also submitted duty status reports (Form CA-17) completed by Dr. Kirkpatrick, diagnosing bilateral thoracic outlet syndrome.

In further response to the Office's request, appellant submitted three pages of unsigned office notes attributed to Dr. Kirkpatrick. In the October 29, 1996 office note, he diagnosed bilateral hand numbness and elbow pain and noted that appellant had clinical evidence of bilateral cubital tunnel syndrome probably due to an increase in her work activities in the last few weeks. On November 19, 1996 Dr. Kirkpatrick diagnosed mild thoracic outlet syndrome. On December 17, 1996 he again diagnosed mild thoracic outlet syndrome, but noted that appellant was improving.[2]

By decision dated June 16, 1997, the Office denied appellant's claim on the grounds that she did not establish that she sustained an injury as alleged.

The Board finds that appellant has failed to meet her burden of proof in establishing that she sustained carpal tunnel syndrome in the performance of duty causally related to the factors of her federal employment.

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 the individual is an "employee of the United States" within the meaning of the Act, that an injury was sustained in the performance of the duty alleged and/or specific condition, for which compensation is claimed are causally related to the employment injury.[4] These are the essential elements of each and every compensation claim regardless of whether the claim is predicated upon a traumatic injury or an occupational disease.[5]

To establish that an injury was sustained in the performance of duty in an occupational disease claim, an appellant must submit the following: (1) medical evidence establishing the presence or existence of the disease or condition for which compensation is alleged; (2) a factual statement identifying employment factors alleged to have caused or contributed to the presence or occurrence of the disease or condition; and (3) medical evidence establishing that the employment factors identified by the appellant were the proximate cause of the condition for which compensation is claimed, or stated differently, medical evidence establishing that the diagnosed condition is causally related to the employment factors identified by the appellant.[6] The medical evidence required to establish a causal relationship, generally, is rationalized medical opinion evidence.[7] Rationalized medical opinion evidence is medical evidence, which

[2] Appellant also submitted additional evidence, but this evidence concerned a prior claim in Office File Number A6-558108. This evidence includes portions of medical evidence from that record, as well as the Office decision denying the claim for a recurrence of disability.

[3] 5 U.S.C. §§ 8101-8193.

[4] *Louise F. Garnett*, 47 ECAB 639, 643 (1996); *Elaine Pendleton*, 40 ECAB 1143, 1145 (1989).

[5] The Office's regulations clarify that a traumatic injury refers to injury caused by a specific event or incident or series of events or incidents occurring within a single workday or work shift whereas occupational disease refers to injury produced by employment factors which occur or are present over a period longer than a single workday or shift. *See* 20 C.F.R. § 10.5(a)(15), (16).

[6] *Victor J. Woodhams*, 41 ECAB 345, 352 (1989).

[7] *Ern Reynolds*, 45 ECAB 690 (1994).

includes a physician's rationalized opinion on the issue of whether there is a causal relationship between the appellant's diagnosed condition and the implicated employment factors.[8] The opinion of the physician must be based on a complete factual and medical background of the appellant, 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 appellant.[9]

In the instant case, there is no rationalized medical opinion submitted before the Office supporting a causal relationship between appellant's carpal tunnel syndrome and her employment. Although Dr. Kirkpatrick does relate appellant's carpal tunnel syndrome to her employment in her November 12, 1996 report, he provides no reference to medical evidence or explanation as to why she arrived at this conclusion, as she was requested to do. Nor does she explain what employment factors caused the carpal tunnel syndrome. To be of probative value to appellant's claim, Dr. Kirkpatrick must provide rationale for her conclusion and address the specifics of appellant's case. The Board has held that medical opinions unsupported by medical rationale are of little probative value.[10] The Board notes that the progress notes do not constitute competent medical opinion evidence as it is devoid of a signed signature from a qualified physician.[11] For the foregoing reasons, Dr. Kirkpatrick's letter lacks sufficient probative value to discharge appellant's burden of proof.

An award of compensation may not be based on surmise, conjecture or speculation. Neither the fact that appellant's condition became apparent during a period of employment nor the belief that his condition was caused, precipitated or aggravated by his employment is sufficient to establish causal relationship.[12] Causal relationship must be established by rationalized medical opinion evidence. Appellant failed to submit such evidence and the Office, therefore, properly denied appellant's claim for compensation.

[8] *Victor J. Woodhams*, *supra* note 6.

[9] *Kathy Marshall*, 45 ECAB 827, 832 (1994).

[10] *George A. Hirsch*, 47 ECAB 520, 525 (1996).

[11] *Merton J. Sills*, 47 ECAB 572, 575 (1988).

[12] *Victor J. Woodhams*, *supra* note 6.

The decision of the Office of Workers' Compensation Programs dated June 16, 1997 is affirmed.[13]

Dated, Washington, D.C.
September 15, 1999

George E. Rivers
Member

Willie T.C. Thomas
Alternate Member

A. Peter Kanjorski
Alternate Member

[13] Accompanying her request for appeal, appellant submitted additional medical evidence. Evidence that was not before the Office at the time it issued the final decision in this case, September 15, 1997, may not be reviewed for the first time on appeal. 20 C.F.R. § 501.2(c); *Donald Jones-Booker*, 47 ECAB 785, 786 n.2 (1996); *George A. Hirsch, supra* note 10.