

U. S. DEPARTMENT OF LABOR

Employees' Compensation Appeals Board

In the Matter of NORMAN E. GUIGNARD and DEPARTMENT OF DEFENSE,
PORTSMOUTH NAVAL SHIPYARD COMMISSARY, Kittery, ME

*Docket No. 98-2577; Submitted on the Record;
Issued March 2, 2000*

DECISION and ORDER

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

The issue is whether appellant, in the performance of duty as a store worker, sustain an injury to his upper extremities.

In a decision dated July 10, 1998, a hearing representative of the Office of Workers' Compensation Programs found that neither the factual nor the medical evidence was sufficient to establish that appellant developed right biceps tendinitis as a result of his employment duties.

The Board finds that the medical opinion evidence is insufficient to establish that appellant sustained an injury to his upper extremities as a store worker.

An employee seeking benefits under the Federal Employees' Compensation Act¹ has the burden of proof to establish the essential elements of his claim. When an employee claims that he sustained an injury in the performance of duty, he must submit sufficient evidence to establish that he experienced a specific event, incident or exposure occurring at the time, place and in the manner alleged. He must also establish that such event, incident or exposure caused an injury.²

At the hearing before an Office hearing representative, appellant described his duties as a store worker. The employing establishment submitted a copy of his job description, which the hearing representative found confirmed appellant's testimony. There appears to be no dispute concerning the duties that appellant performed. Accordingly, the Board finds that the factual evidence of record is sufficient to establish that appellant experienced a specific event, incident

¹ 5 U.S.C. §§ 8101-8193.

² See generally *John J. Carlone*, 41 ECAB 354 (1989); *Abe E. Scott*, 45 ECAB 164 (1993); see also 5 U.S.C. § 8101(5) ("injury" defined); 20 C.F.R. §§ 10.5(a)(15)-.5(a)(16) ("traumatic injury" and "occupational disease or illness" defined).

or exposure occurring at the time, place and in the manner alleged. The question that remains is whether appellant sustained an injury while performing his duties as a store worker.

Causal relationship is a medical issue,³ and the medical evidence generally required to establish causal relationship is rationalized medical opinion evidence. Rationalized medical opinion evidence is medical evidence that includes a physician's rationalized opinion on whether there is a causal relationship between the claimant's diagnosed condition and the established incident or factor of employment. The opinion of the physician must be based on a complete factual and medical background of the claimant,⁴ must be one of reasonable medical certainty,⁵ and must be supported by medical rationale explaining the nature of the relationship between the diagnosed condition and the established incident or factor of employment.⁶

On May 24, 1995 Dr. William C. Meade, appellant's attending orthopedic surgeon, related his treatment of appellant since May 1993. He reported that appellant's left arm pain was probably caused by his work in federal employment and that his right arm pain was probably caused both by work and by candlepin bowling.⁷ On January 17, 1996 Dr. Meade reported normal findings on examination and concluded: "So that in spite of the pain that he has, his joints examined normally and this really seems to me to be more of a muscular thing than a joint thing." On February 26, 1996 he reported that multiple diagnostic tests were negative. Dr. Meade expressed concern that appellant was in such obvious pain for which there was no explanation. On August 22, 1996 he reported that appellant's pain was bilateral, worse on the left, in the biceps muscle. He noted that laboratory studies were normal and that physical findings were normal except for moderate tenderness in the biceps muscle. On September 24, 1996 Dr. Meade reported that appellant presented on September 10, 1996 with a new problem: bilateral wrist pain for one week. After reporting that a physical examination was quite benign, Dr. Meade stated: "It is my opinion that this overuse situation is caused by the patient's work."

Dr. Meade's reports lend modest support to appellant's claim but are insufficient to establish the element of causal relationship. Although he reported that appellant's upper extremity pain was probably caused by work, he had trouble explaining appellant's complaints in the near absence of positive findings. With respect to both biceps pain and bilateral wrist pain, Dr. Meade gave no firm diagnosis of appellant's condition and failed to offer sound medical reasoning explaining the nature of the relationship between appellant's diagnosed condition and the established duties of his federal employment.

³ *Mary J. Briggs*, 37 ECAB 578 (1986).

⁴ *William Nimitz, Jr.*, 30 ECAB 567, 570 (1979).

⁵ *See Morris Scanlon*, 11 ECAB 384-85 (1960).

⁶ *See William E. Enright*, 31 ECAB 426, 430 (1980).

⁷ Employment factors need not be the only or primary cause of the condition for which a claimant seeks compensation. *Beth P. Chaput*, 37 ECAB 158 (1985) (it is not necessary to prove a significant contribution of employment factors to a condition for the purpose of establishing causal relationship).

On March 15, 1996 Dr. Frank A. Graf, an orthopedic surgeon, related appellant's history, complaints and findings on examination. He reported that appellant had upper extremity cumulative trauma disorder affecting primarily the upper arms, proximal forearms and shoulder; chronic tendinitis without evidence of peripheral neuropathy or thoracic outlet syndrome; chronic pain syndrome with loss of feelings of self-worth and body image and feelings of anxiety. Dr. Graf added that appellant had high levels of functional impairment because of his upper extremity symptoms and also had emotional complications caused by his pain and his inability to function and work. He expressed no opinion on the element of causal relationship.⁸ On April 15, 1997 Dr. Graf repeated his diagnosis, appellant's history, complaints and extensive findings on examination. Then, in evaluating the permanent impairment of appellant's upper extremities, he stated that permanency was present "in reference to the cumulative trauma associated with his employment as a store worker at the commissary of the [employing establishment]."

Dr. Graf's reports relate appellant's history and offer a firm diagnosis of appellant's condition. Although he made a reference to cumulative trauma associated with appellant's federal employment, he made no attempt to explain with sound medical reasoning how appellant's duties as a store worker caused or aggravated appellant's diagnosed condition. The Board has held that medical conclusions unsupported by rationale are of little probative value.⁹

Because appellant has failed to submit rationalized medical opinion evidence explaining how appellant's specific duties as a store worker caused or contributed to his diagnosed upper extremity condition, he has not met his burden of proof to establish that he sustained an injury while in the performance of his duties.¹⁰

⁸ In relating appellant's history of injury, Dr. Graf reported only appellant's opinion: "[Appellant] feels his biceps tendinitis on the right developed from using a scanner."

⁹ *Ceferino L. Gonzales*, 32 ECAB 1591 (1981); *George Randolph Taylor*, 6 ECAB 968 (1954).

¹⁰ Appellant also submitted psychiatric evidence to support that he developed an emotional condition as a consequence of his pain. Without sufficient medical opinion evidence to establish that his pain condition is causally related to his federal employment, the psychiatric evidence of record cannot establish that his emotional condition is employment related.

The July 10, 1998 decision of the Office of Workers' Compensation Programs is affirmed.

Dated, Washington, D.C.
March 2, 2000

George E. Rivers
Member

Willie T.C. Thomas
Alternate Member

A. Peter Kanjorski
Alternate Member