

U. S. DEPARTMENT OF LABOR

Employees' Compensation Appeals Board

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In the Matter of IRENE RANDOLPH and U.S. POSTAL SERVICE,  
POST OFFICE, Richmond, VA

*Docket No. 03-734; Submitted on the Record;  
Issued May 28, 2003*

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DECISION and ORDER

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

The issue is whether appellant has established that her carpal tunnel syndrome is causally related to employment factors.

On April 30, 2001 appellant, then a 47-year-old mark-up clerk, filed an occupational disease claim (Form CA-2) alleging that on April 22, 1999 she first realized her carpal tunnel syndrome, osteoarthritis and fibromyalgia were employment related.<sup>1</sup> The employing establishment noted that appellant had been given a light-duty assignment on April 27, 1999.<sup>2</sup>

In a letter dated December 4, 2001, the Office of Workers' Compensation Programs requested additional factual and medical evidence.

In response to the Office's December 4, 2001 letter, appellant submitted a narrative statement, treatment and office notes from Dr. Steven J. Maestrello, an attending Board-certified internist and nerve conduction studies by Dr. Poovillam S. Subramaniam, a Board-certified neurologist.

In a March 23, 2001 report, Dr. Maestrello related appellant had "EMG [electromyogram] and nerve conduction, which have confirmed the carpal tunnel syndrome." He stated that he believed appellant's "carpal tunnel syndrome was aggravated by her work at the postal service as repetitive activities can exacerbate this condition."

In a report dated December 17, 2001, Dr. Maestrello diagnosed fibromyalgia, osteoarthritis and bilateral carpal tunnel syndrome. The physician noted that the December 1999 nerve conduction tests were "consistent with bilateral carpal tunnel syndrome." As to the cause

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<sup>1</sup> The employing establishment noted that appellant had previously filed a similar claim, which the Office denied under claim number A25-9542554.

<sup>2</sup> Appellant stopped work on May 24, 1999 and subsequently retired on disability on June 30, 2000.

of her carpal tunnel, Dr. Maestrello opined that he believed the 1999 carpal tunnel diagnosis was “as a result of repetitive activity.”

By decision dated February 7, 2002, the Office denied appellant’s claim, as the medical evidence was insufficient to establish that appellant developed the claimed condition in the performance of duty, as required by the Federal Employees’ Compensation Act. The Office found that there was no medical evidence submitted, which discussed the causal relationship between appellant’s claimed condition and her employment.

Appellant requested an oral hearing in an undated letter. Subsequently, appellant’s counsel requested a review of the written record by an Office hearing representative.

In a July 30, 2002 office note, Dr. Philip P. O’Donnell, a Board-certified neurologist, diagnosed carpal tunnel syndrome, which he opined was “aggravated by repetitive motion activities.”

Dr. O’Donnell, in an EMG dated September 19, 2002, related that the test results revealed mildly delayed ulnar and median sensory potential latencies bilaterally. He opined that results were nonspecific and “one cannot say for sure if this represents a mild generalized neuropathy or mild compression of the ulnar median nerves at the wrist.”

Following review of the written record, by decision dated November 22, 2002, an Office hearing representative affirmed the Office’s February 7, 2002 decision.

The Board finds that appellant has not established that her carpal tunnel syndrome is causally related to employment factors.

An employee seeking benefits under the Act<sup>3</sup> has the burden of establishing the essential elements of her claim, including the fact that an injury was sustained in the performance of duty as alleged and that any disability and/or specific condition, for which compensation is claimed are causally related to the employment injury.<sup>4</sup>

To establish that an injury was sustained in the performance of duty in an occupational disease claim, a claimant must submit the following: (1) medical evidence establishing the presence or existence of the disease or condition, for which compensation is claimed; (2) a factual statement identifying the 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 claimant 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 claimant.<sup>5</sup> The medical evidence required to establish a causal relationship, generally, is rationalized medical opinion evidence.

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<sup>3</sup> 5 U.S.C. §§ 8101-8193.

<sup>4</sup> *Allen C. Hundley*, 53 ECAB \_\_\_\_ (Docket No. 02-107, issued May 17, 2002).

<sup>5</sup> *Donna L. Mims*, 53 ECAB \_\_\_\_ (Docket No. 01-1835, issued August 13, 2002).

Rationalized medical opinion evidence is medical evidence, which includes a physician's rationalized 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,<sup>6</sup> must be one of reasonable medical certainty<sup>7</sup> 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>8</sup>

An award of compensation may not be based on surmise, conjecture or speculation.<sup>9</sup> The Board has held that the mere fact that a disease or condition manifests itself during a period of employment does not raise an inference that there is a causal relationship between the two.<sup>10</sup> Neither the fact that the disease or condition became apparent 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>11</sup> The Board has also found that medical opinions of general application, not addressing the particular circumstances of a claimant's claim, are insufficient to establish causal relationship.<sup>12</sup>

In this case, Dr. Maestrello stated that appellant had bilateral carpal tunnel syndrome, but the physician did not identify or discuss causation. Nor did he relate the diagnosis to any particular factors of appellant's federal employment. Dr. Maestrello, in a March 23, 2001 report, opined appellant's carpal tunnel was aggravated by her employment "as repetitive activities can exacerbate this condition." In December 17, 2001 reports, the physician attributed appellant's 1999 carpal tunnel syndrome condition to repetitive activities. Dr. Maestrello failed to specifically address whether the condition was due to appellant's employment duties or what the duties included. Without any explanation or rationale for the conclusion, Dr. Maestrello's reports are insufficient to establish causal relationship.<sup>13</sup> He merely gave an unrationalized diagnosis of carpal tunnel syndrome. The weight of his medical opinion, therefore, is of significantly reduced probative value.

The reports by Dr. O'Donnell are also insufficient to meet appellant's burden. Dr. O'Donnell, in a July 30, 2002 report, concluded repetitive motion activities aggravated appellant's carpal tunnel syndrome. However, he failed to provide any opinion regarding causal relationship of appellant's condition to her employment or consider the fact that she has not

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<sup>6</sup> *Virginia Richard (Lionel F. Richard)*, 53 ECAB \_\_\_\_ (Docket No. 01-107, issued March 8, 2002).

<sup>7</sup> *Morris Scanlon*, 11 ECAB 384-85 (1960).

<sup>8</sup> *Solomon Polen*, 51 ECAB 341 (2000).

<sup>9</sup> *Patricia J. Glenn*, 53 ECAB \_\_\_\_ (Docket No. 01-65, issued October 12, 2001).

<sup>10</sup> *Richard O'Brien*, 53 ECAB \_\_\_\_ (Docket No. 00-1665, issued November 21, 2001).

<sup>11</sup> *Ernest St. Pierre*, 51 ECAB 623 (2000); *Calvin E. King*, 51 ECAB 394 (2000).

<sup>12</sup> See *William J. Murray*, 35 ECAB 606 (1984); *Gerald L. Taylor*, 30 ECAB 1401 (1979).

<sup>13</sup> *Corlisia L. Sims (Smith)*, 46 ECAB 172 (1994).

worked since May 1999. However, Dr. O'Donnell, in a report of a September 19, 2002 EMG, raises doubt on whether appellant has carpal tunnel syndrome. The physician stated the results of the test were nonspecific and "one cannot say for sure if this represents a mild generalized neuropathy or mild compression of the ulnar median nerves at the wrist." Dr. O'Donnell's July 30 and September 19, 2002 reports appear to be inconsistent as to whether appellant has carpal tunnel syndrome and, therefore, are of reduced probative value

The weight of medical evidence is determined by its reliability, its probative value, its convincing quality, the care of analysis manifested and the medical rationale expressed in support of the physician's opinion.<sup>14</sup> Given these factors and considering the absence of analysis and rationale in the reports of Drs. Maestrello and O'Donnell, the Board finds that the Office properly determined that appellant failed to establish that her carpal tunnel syndrome was causally related to factors of her federal employment.

The November 22, 2002 decision of the Office of Workers' Compensation Programs is hereby affirmed.

Dated, Washington, DC  
May 28, 2003

David S. Gerson  
Alternate Member

Michael E. Groom  
Alternate Member

A. Peter Kanjorski  
Alternate Member

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<sup>14</sup> *James Mack*, 43 ECAB 321 (1991); *John A. Ceresoli, Sr.*, 40 ECAB 305 (1988); *Naomi A. Lilly*, 10 ECAB 560 (1959).