



In a statement to the employing establishment dated August 17, 2001, appellant related that she recently underwent surgery for bilateral carpal tunnel syndrome.<sup>1</sup> Appellant stated that, subsequent to the surgery, she “developed lumps on the tendons in both hands” and pain which she believed was caused by working on computers at the employing establishment. Appellant noted that she had undergone surgery for trigger finger of the left ring finger performed about one year prior, but was unaware at that time of the cause of the condition.

By letter dated September 11, 2001, the employing establishment controverted appellant’s claim on the grounds that the medical evidence was insufficient to show that her condition was employment related. The employing establishment noted that she had not worked since June 2000.

Appellant submitted unsigned progress notes dated April 26, 2000 to August 17, 2001 from Dr. Luis A. Loimil, a Board-certified orthopedic surgeon and her attending physician. On April 26, 2000 he diagnosed trigger finger of the left ring finger and noted that appellant related a history of lifting a box on March 20, 2000 “with plastic straps on it and she thinks that is when she injured the finger; this occurred at home and after this incident is when she began having catching in the finger.” Dr. Loimil performed a left trigger finger release on August 31, 2000. On January 31, 2001 he discharged appellant from his care for her left trigger finger after finding her condition greatly improved.

On August 17, 2001 Dr. Loimil discussed appellant’s complaints of pain and knots in her thumbs and fingers. He found that she had “trigger thumbs and middle fingers of both hands.”

In a form report dated September 10, 2001, Dr. Loimil diagnosed trigger finger and noted the history of injury as appellant injuring her finger lifting a box with plastic straps. He checked “yes” that the condition was caused or aggravated by employment and noted as a rationale “prolonged computer work.”<sup>2</sup> Dr. Loimil indicated that appellant was disabled from April 26, 2000 to November 24, 2001.

The employing establishment submitted a copy of appellant’s position description and a statement noting that she began working in address management, in February 1995. The employing establishment described her job duties and indicated that appellant typed at a computer for a maximum of 6 hours 15 minutes per day.

In an October 12, 2001 response to an Office request for additional information, appellant related that, when she received her initial diagnosis of trigger finger in April 2000, she did not know the cause, but that the “only thing I could remember was lifting a box with straps....” She stated that three weeks after her bilateral carpal tunnel syndrome surgery her thumbs and fingers “started locking up” and her physician told her on August 17, 2001 that she had trigger fingers. Appellant stated:

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<sup>1</sup> Appellant related that her carpal tunnel syndrome case was assigned Office Claim No. A3-0254123.

<sup>2</sup> The handwriting indicating appellant’s prolonged computer work is different from the handwriting on the rest of the form. Dr. Loimil testified in a deposition that the note was written by his nurse “under his direction.”

“At that time I found out it was also caused by repetitive motion injuries. I thought my fingers and thumbs were drawing up because of my surgery. Again, I was wrong. I do believe the years spent on computers for the [employing establishment] is the cause of my problems with trigger fingers.”<sup>3</sup>

By decision dated December 10, 2001, the Office denied appellant’s claim on the grounds that she did not establish a medical condition causally related to factors of her federal employment.

On December 31, 2001 appellant requested reconsideration of her claim. She noted that she did not know what caused her trigger finger at the time of her April 26, 2000 visit to Dr. Loimil, but mentioned that she began having problems after carrying a box with plastic straps. Appellant did not “believe it would have taken 16 months for the thumbs or middle finger to have been injured if the box I carried in caused it.” In an additional statement dated January 2, 2002, she attributed her problems with her hands to her work on the computer.

In a decision dated January 22, 2002, the Office denied modification of the December 10, 2001 decision. The Office found that appellant had not submitted a rationalized medical report in support of her claim.

Appellant again requested reconsideration on March 1, 2002. In support of her request, she submitted a medical report dated February 25, 2002 from Dr. Loimil, who stated:

“Based on the history given by [appellant] of the continue[d] extensive use of her hands at work, I feel [with] a reasonable medical certainty that the relationship between her employment and the problems with the trigger finger she is having now is directly related to her employment.”

In a report dated July 3, 2002, Dr. Loimil noted that appellant required surgery on her thumbs and left middle finger due to trigger thumbs and finger.

By decision dated October 10, 2002, the Office denied modification of its prior merit decisions.

In a letter dated September 26, 2003, appellant, through her attorney, requested reconsideration.<sup>4</sup> Her attorney submitted a deposition of Dr. Loimil obtained on August 20, 2003. Dr. Loimil discussed his treatment of appellant for bilateral carpal tunnel syndrome beginning in July 21, 2000 and for left ring trigger finger in April 2000, which was “most likely” due to “extensive use of her hands at work.” He noted that appellant had a 27-year history of performing repetitive motion at work. Dr. Loimil found that she subsequently developed trigger finger in her thumbs and in other fingers which he attributed “to the long time

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<sup>3</sup> Appellant submitted unsigned progress notes from Dr. Loimil dated July 21 to August 29, 2000 regarding her treatment for carpal tunnel syndrome.

<sup>4</sup> Appellant submitted unsigned progress notes from Dr. Loimil dated January 18 to December 27, 2002. In an unsigned progress note dated February 22, 2002, Dr. Loimil indicated that her trigger fingers were due to her employment.

exposure to that kind of repetitive use of the wrists and hands.” Regarding appellant’s history of exposure, Dr. Liomil stated:

“It [is] important because in cases like this, where a repetitive use issue is raised we give a lot of importance to the period of time, the intensity, the number of hours and especially the duration of exposure to the same type of repetitive motion. [O]f course she has the proper history of 27 years, all day doing that, typing for periods of 8 hours a day or doing computer work or sorting mail for that period of time. So she had the proper history for the[se] kind of problems.”

By decision dated October 8, 2003, the Office denied modification of its prior decisions.

### **LEGAL PRECEDENT**

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 diagnosed condition is causally related to the employment factors identified by the claimant.<sup>5</sup> The medical opinion 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>6</sup>

### **ANALYSIS**

Appellant attributed her condition of trigger fingers on both hands to repetitive work performed at the employing establishment. The record establishes that she performed repetitive work for the employing establishment since 1975. The Office denied appellant’s claim on the grounds that she did not submit sufficient medical evidence to establish that she sustained trigger fingers due to factors of her federal employment.

It is well settled that proceedings under the Federal Employees’ Compensation Act are not adversarial and while appellant has the burden of proof in establishing entitlement to compensation, the Office shares responsibility in the development of the evidence.<sup>7</sup>

The record contains multiple progress notes from Dr. Loimil dated April 26, 2000 to December 27, 2002. These progress notes do not constitute probative medical evidence because they do not contain a signature from a physician.<sup>8</sup>

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<sup>5</sup> *Jerry D. Osterman*, 46 ECAB 500 (1995); *see also Victor J. Woodhams*, 41 ECAB 345, 352 (1989).

<sup>6</sup> *See Morris Scanlon*, 11 ECAB 384-85 (1960); *Williams E. Enright*, 31 ECAB 426, 430 (1980).

<sup>7</sup> *John J. Carlone*, 41 ECAB 354, 359-60 (1989).

<sup>8</sup> *See generally James A. Long*, 40 ECAB 538 (1989); *Merton J. Sills*, 39 ECAB 572 (1988).

In a form report dated September 10, 2001, Dr. Loimil diagnosed trigger finger and described the history of injury as appellant lifting a box with plastic straps. He checked “yes” that the condition was caused or aggravated by employment and provided the rationale of “prolonged computer work.”

Dr. Loimil, in a report dated February 25, 2002, opined that, based on appellant’s history of “extensive use of her hands at work,” her trigger finger was “directly related to her employment.” He also provided a deposition on August 20, 2003. Dr. Loimil discussed appellant’s history of performing repetitive work at the employing establishment since 1973. He attributed her left ring trigger finger in April 2000, “most likely” to the use of her hands at work. Dr. Loimil also opined that appellant’s subsequent condition of trigger finger of the thumbs and other fingers was “related to the long time exposure to that kind of repetitive use of the wrists and hands.”

Although Dr. Loimil’s reports are insufficiently rationalized to discharge appellant’s burden of proving by the weight of the reliable, substantial and probative evidence that she sustained bilateral trigger fingers due to factors of her federal employment, they constitute sufficient evidence in support of her claim to require further development of the factual and medical record by the Office.<sup>9</sup> He based his opinion on a finding that appellant had performed repetitive work duties at the employing establishment beginning in 1973. On remand the Office should request information from the employing establishment about her work status and duties. After such further development as is deemed necessary, the Office should issue a *de novo* decision.

### CONCLUSION

The Board finds that the case is not in posture for a decision.

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<sup>9</sup> See *John J. Carlone, supra* note 7.

**ORDER**

**IT IS HEREBY ORDERED THAT** the decision of the Office of Workers' Compensation Programs dated October 8, 2003 is set aside and the case is remanded for further proceedings consistent with this opinion of the Board.

Issued: June 22, 2004  
Washington, DC

Colleen Duffy Kiko  
Member

David S. Gerson  
Alternate Member

Michael E. Groom  
Alternate Member