United States Department of Labor Employees' Compensation Appeals Board

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C.C., Appellant)
and) Docket No. 12-556
DEPARTMENT OF THE TREASURY, BUREAU OF ENGRAVING & PRINTING,) Issued: February 21, 2013)
Washington, DC, Employer	_)
Appearances: Lloyd Trueheart, for the appellant Office of Solicitor, for the Director	Oral Argument January 2, 2013

DECISION AND ORDER

Before:

RICHARD J. DASCHBACH, Chief Judge PATRICIA HOWARD FITZGERALD, Judge JAMES A. HAYNES, Alternate Judge

JURISDICTION

On January 13, 2012 appellant filed a timely appeal from an August 3, 2011 merit decision of the Office of Workers' Compensation Programs' (OWCP) hearing representative denying her occupational disease claim. Pursuant to the Federal Employees' Compensation Act¹ (FECA) and 20 C.F.R. §§ 501.2(c) and 501.3, the Board has jurisdiction over the merits of this case.

ISSUE

The issue is whether appellant met her burden of proof to establish that her bilateral carpal tunnel syndrome was causally related to factors of her employment.

¹ 5 U.S.C. § 8101 et seq.

FACTUAL HISTORY

On June 1, 2009 appellant, then a 49-year-old final verifier, filed an occupational disease claim alleging that she developed bilateral carpal tunnel syndrome as a result of repetitively hand counting invisible sheets of currency, placing the sheets on a skid and stacking the skids load by load. She first became aware of her condition and realized that it resulted from her employment on June 1, 2009. The employing establishment noted that appellant first reported her alleged injury on May 13, 2010.

In January 5 and 9, 2007 progress notes, Dr. Daniel Jimenez, Board-certified in occupational medicine, related appellant's complaints of recurrent pain on her left wrist and forearm from counting currency beginning in November 2006. He noted that, as a currency examiner, she used her left hand to count individual sheets with her wrist in a constantly extended position. Upon examination, Dr. Jimenez observed tenderness especially on wrist extension and swelling of the extensor tendon to the index finger. Full range of motion was noted. Dr. Jimenez authorized appellant to return to regular duty.

In a February 16, 2010 diagnostic report, Dr. Chee-Hahn Hung, Board-certified in physical medicine and rehabilitation, related appellant's complaints of left hand numbness since December 2009. The motor nerve and sensory nerve studies revealed severe median neuropathy at the carpal tunnel but no evidence of ulnar neuropathy across the elbow.

In a March 17, 2010 progress note, a registered nurse stated that appellant was seen at the employee health unit on January 22, 2010 for work-related pain in both her wrists. She noted that appellant underwent nerve conduction studies and was diagnosed with carpal tunnel syndrome.

In an April 27, 2010 attending physician's report, Dr. Edward Rabbitt, a Board-certified orthopedic surgeon, described appellant's complaints of bilateral wrist and left heel pain. He noted that an electromyography (EMG) revealed severe carpal tunnel syndrome and median nerve entrapment. Dr. Rabbitt diagnosed bilateral carpal tunnel syndrome and plantar fasciitis. He checked a box marked "yes" that appellant's condition was caused or aggravated by her employment and stated that her job as currency examiner "has precipitated and aggravated [carpal tunnel syndrome]." Dr. Rabbitt authorized her to return to regular duty on January 8, 2010.

Appellant submitted physical and occupational therapy reports indicating that she underwent physical therapy treatments for carpal tunnel syndrome from March 11 to April 14, 2010.

Appellant submitted her work history and position descriptions for a support services technician, secretary, division secretary, currency note examiner and final verifier.

On July 5, 2010 OWCP advised appellant that the evidence submitted was insufficient to establish her claim. It requested that she submit a detailed description of the employment activities that she believed caused her condition and respond to specific questions. OWCP also requested that appellant submit a comprehensive medical report, including a diagnosis, results of

examinations and tests and a physician's opinion with medical rationale explaining the cause of her condition.

In an April 14, 2010 incident report, the employing establishment noted that appellant began to notice discomfort and constant aching in her wrists over the past two years. Appellant was treated at the employee health unit and by her physician. She related that she was diagnosed with carpal tunnel syndrome and underwent physical therapy treatments. Appellant believed that her carpal tunnel syndrome was brought on by her job duties as a final verifier for the past 17 years. In the April 14, 2010 incident report, the employing establishment described her work duties and stated that the primary cause of her illness was the repetitive task of fanning the currency sheets and hand counting each sheet for several years.

In an undated personal statement, appellant reported that, as a final verifier, she was responsible for final count verification of test and mutilated currency sheets, and blind count of individual unit sheets and whole subject sheets. She stated that it was necessary to use her hand to count numerous sheets one by one and to use the counting machine. Appellant explained that she lifted a full skid of currency from another skid, put it on a counter, fanned through each stack before and after count checking and stacked some skids 2 to 4 feet high. She stated that she worked 40 hours a week, 5 days a week and spent at least 5 hours a day hand counting currency. Appellant reported that she also worked as an optical assistant at Wal-Mart Vision Center a few days of the week. Her duties included helping patients that needed to fix their glasses or contact lenses, filing medical charts, setting up and confirming appointments and setting up the office for the next business day. Appellant stated that she first noticed pain, tingling and numbness in her hands and wrists in June 2009 and continued to complain of tingling and numbness, especially with intensive use of her hands.

In a decision dated August 11, 2010, OWCP accepted that appellant worked as a final verifier and that she suffered from carpal tunnel syndrome. However, it denied her claim finding insufficient medical evidence to establish that her conditions were causally related to her employment duties.

On August 30, 2010 appellant submitted a request for an oral hearing, which was held on June 8, 2011. She was represented by Lloyd Trueheart of the International Association of Machinists and Aerospace Workers' Union. Appellant stated that her claim was improperly handled because her supervisor did not turn in the proper documentation on time. She noted that she had documents to establish what her job requirements were and that her alleged injury was related to the type of work she did. The hearing representative advised appellant that the issue of her employment duties was already established and that the evidence needed was a medical report from a physician with examination findings, diagnoses and a medical opinion explaining why he or she believed that her condition was related to her federal employment duties.

In a June 20, 2011 report, Dr. Rabbitt stated that he reviewed appellant's job description and discussed her work history. He opined, within a reasonable degree of medical probability, that her carpal tunnel syndrome was a result of repetitive motion and use. Dr. Rabbitt considered her bilateral carpal tunnel syndrome to be work related with regard to her work over the last 18 years with the Federal Government and was in no way caused by her job at Wal-Mart.

By decision dated August 3, 2011, the hearing representative denied modification of the August 11, 2010 decision.

LEGAL PRECEDENT

An employee seeking benefits under FECA has the burden of proof to establish the essential elements of his or her claim by the weight of the reliable, probative and substantial evidence² including that he or she sustained an injury in the performance of duty and that any specific condition or disability for work for which he or she claims compensation is causally related to that employment injury.³ In an occupational disease claim, appellant's burden requires submission of the following: (1) a factual statement identifying employment factors alleged to have caused or contributed to the presence or occurrence of the disease or condition; (2) medical evidence establishing the presence or existence of the disease or condition for which compensation is claimed; and (3) medical evidence establishing that the diagnosed condition is causally related to the employment factors identified by the employee.⁴

Causal relationship is a medical issue and the medical evidence generally required to establish causal relationship is rationalized medical opinion evidence.⁵ The opinion of the physician must be based on a complete factual and medical background of the employee, 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 employee.⁶ This medical opinion must include an accurate history of the employee's employment injury and must explain how the condition is related to the injury.⁷ 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.⁸

² J.P., 59 ECAB 178 (2007); Joseph M. Whelan, 20 ECAB 55, 58 (1968).

³ M.M., Docket No. 08-1510 (issued November 25, 2010); G.T., 59 ECAB 447 (2008); Elaine Pendleton, 40 ECAB 1143, 1145 (1989).

⁴ R.H., 59 ECAB 382 (2008); Ernest St. Pierre, 51 ECAB 623 (2000).

⁵ *I.R.*, Docket No. 09-1229 (issued February 24, 2010); *D.I.*, 59 ECAB 158 (2007).

⁶ I.J., 59 ECAB 408 (2008); Victor J. Woodhams, 41 ECAB 465 (2005).

⁷ See L.F., Docket No. 10-2287 (issued July 6, 2011); Solomon Polen, 51 ECAB 341 (2000) (rationalized medical evidence must relate specific employment factors identified by the claimant to the claimant's condition, with stated reasons by a physician). See also E.R., Docket No. 12-793 (issued October 3, 2012); L.Y., Docket No. 07-219 (issued April 20, 2007) (medical evidence that does not offer a medical opinion explaining how the accepted employment duties would have pathologically caused an employee's condition is of limited probative value on the issue of causal relationship).

⁸ James Mack, 43 ECAB 321 (1991).

ANALYSIS

Appellant alleged that her bilateral carpal tunnel syndrome resulted from her duties as a final verifier. OWCP accepted that her duties included repetitively hand counting individual sheets of currency, placing the sheets on a skid and stacking the skids load by load and that she was diagnosed with bilateral carpal tunnel syndrome. It denied appellant's claim finding insufficient medical evidence to establish that her condition was causally related to those duties. The Board finds that appellant has failed to provide sufficient medical evidence to establish that she developed bilateral carpal tunnel syndrome as a result of her employment duties.

Appellant submitted reports by Dr. Rabbitt, who described her complaints of bilateral wrist and left heel pain. In an April 27, 2010 report, Dr. Rabbitt diagnosed bilateral carpal tunnel syndrome and plantar fasciitis. He checked a box marked "yes" that appellant's condition was caused or aggravated by her employment and stated that her job as currency examiner "has precipitated and aggravated [carpal tunnel syndrome]." The Board has held, however, that when a physician's opinion on causal relationship consists only of checking "yes" to a form question, without explanation or rationale, that opinion is of diminished probative value and is insufficient to establish a claim.

In a June 20, 2011 report, Dr. Rabbitt stated that he reviewed appellant's job description and discussed her work history. He opined that her carpal tunnel syndrome was a result of repetitive motion and use. Dr. Rabbitt explained that appellant's condition was work related in regards to her work at the Federal Government and was in no way caused by her job at Wal-Mart. Although he provides an opinion on causal relationship, the Board finds that his opinion is not well rationalized and fails to meet appellant's burden of proof. Dr. Rabbitt concludes that appellant's condition was work related, but he does not provide medical rationale explaining how her employment duties would have caused her condition. The Board has held that medical evidence that states a conclusion but does not offer any rationalized medical explanation regarding the cause of an employee's condition is of limited probative value on the issue of causal relationship. Because his reports do not meet the standard of rationalized medical evidence then they are insufficient to establish her claim.

Appellant also submitted progress notes by Dr. Jimenez who related her complaints of recurrent pain on her left wrist and forearm from counting currency. Dr. Jimenez noted that as a currency examiner she used her left hand to count individual sheets with her wrist in a constantly extended position. The Board notes that while Dr. Jimenez accurately described one of appellant's duties as a currency examiner, he does not provide any medical diagnosis of her condition, nor provide an opinion on the cause of her condition. The Board has held that medical evidence that does not offer any opinion regarding the cause of an employee's condition is of limited probative value on the issue of causal relationship. Similarly, Dr. Hung's February 16,

⁹ D.D., 57 ECAB 734, 738 (2006); Deborah L. Beatty, 54 ECAB 340 (2003).

¹⁰ J.F., Docket No. 09-1061 (issued November 17, 2009); A.D., 58 ECAB 149 (2006).

¹¹ C.B., Docket No. 09-2027 (issued May 12, 2010); J.F., Docket No. 09-1061 (issued November 17, 2009); A.D., 58 ECAB 149 (2006).

2010 diagnostic report noted appellant's complaints of left hand pain and numbness, but likewise provided no opinion on the cause of appellant's left hand pain. Thus, the Board finds that these reports are also insufficient to establish causal relationship.

The additional medical evidence was also insufficient to establish appellant's complaints. Appellant submitted a progress note by a registered nurse and handwritten physical therapy notes. Because nurses and physical therapists are not considered physicians under FECA, their reports are of no probative value. 12

During oral argument, appellant demonstrated how she reviewed and counted currency at the employing establishment and pointed out that she repetitively used her hands to carry large skids of currency sheets and flip through the sheets. She also described her duties at Wal-Mart Vision Center and noted that she mostly worked with patients and rarely used her hands. Appellant and her representative requested that the Board review her case as she believed that the evidence was sufficient to establish that her bilateral carpal tunnel syndrome was causally related to her employment duties. However, it is well established that an employee's belief of causal relation does not establish the fact of such medical question.¹³ The issue of causal relationship is a medical question that must be established by probative medical opinion from a physician.¹⁴ The physician must accurately describe appellant's work duties and medically explain the pathological process by which these duties would have caused her condition.¹⁵ Because appellant has not provided such medical opinion evidence in this case, she has failed to meet her burden of proof.

Appellant may submit new evidence or argument with a written request for reconsideration to OWCP within one year of this merit decision, pursuant to 5 U.S.C. § 8128(a) and 20 C.F.R. §§ 10.605 through 10.607.

CONCLUSION

The Board finds that appellant did not meet her burden of proof to establish that her bilateral carpal tunnel syndrome was causally related to factors of her employment.

¹² E.H., Docket No. 08-1862 (issued July 8, 2009); S.E., Docket No. 08-2214 (issued May 6, 2009); FECA provides as follows: the term physician includes surgeons, podiatrists, dentists, clinical psychologists, optometrists, chiropractors and osteopathic practitioners within the scope of their practice as defined by State law. 5 U.S.C. § 8101(2).

¹³ See Patricia J. Glenn, 53 ECAB 159 (2001).

¹⁴ W.W., Docket No. 09-1619 (issued June 2, 2010); *David Apgar*, 57 ECAB 137 (2005).

¹⁵ Supra note 7.

ORDER

IT IS HEREBY ORDERED THAT the August 3, 2011 decision of the Office of Workers' Compensation Programs is affirmed.

Issued: February 21, 2013 Washington, DC

Richard J. Daschbach, Chief Judge Employees' Compensation Appeals Board

Patricia Howard Fitzgerald, Judge Employees' Compensation Appeals Board

James A. Haynes, Alternate Judge Employees' Compensation Appeals Board