

U. S. DEPARTMENT OF LABOR

Employees' Compensation Appeals Board

In the Matter of JAMES H. MARKIN and U.S. POSTAL SERVICE,
POST OFFICE, Toledo, Ohio

*Docket No. 97-2286; Submitted on the Record;
Issued April 19, 1999*

DECISION and ORDER

Before MICHAEL J. WALSH, GEORGE E. RIVERS,
A. PETER KANJORSKI

The issue is whether appellant's left hand condition is causally related to factors of his federal employment.

The Board has duly reviewed the case record and finds that appellant has failed to establish that he sustained a left hand condition causally related to factors of his federal employment.

On January 15, 1997 appellant, then a letter carrier, filed a claim for a traumatic injury, Form CA-1, alleging that on December 27, 1996 he was carrying large bundles of letters and sustained ulnar tunnel in his left hand.¹ Appellant's supervisor noted that appellant was currently working with restrictions and his claimed condition was for an occupational illness. Appellant submitted a partially dated disability note, *i.e.*, "February 3," received by the Office of Workers' Compensation Programs on February 5, 1997 from a physician at Flower Hospital which stated that appellant had weakness in his left upper arm and some impingement of C6 and C7, and was unable to work for a minimum of two weeks and then could work subject to lifting, bending and standing restrictions.

By letter dated February 21, 1997, the Office requested additional information from appellant including a medical report from his treating physician explaining how the reported work incident caused or aggravated the claimed injury.

Appellant submitted medical evidence to support his claim including medical reports from Dr. Edward J. Orecchio, a Board-certified psychiatrist and neurologist, dated December 28, 1996

¹ Appellant's claim actually should have been for an occupational injury.

and from Dr. Howard M. Schecht, a neurologist, dated January 14, 1997. In his December 28, 1996 report, Dr. Orecchio performed a physical examination, reviewed a computerized axial tomography (CAT) scan and stated:

“This is unusual for stroke and given his history of whiplash and lower back disease, this problem could be explained on the basis of cervical radiculopathy. I think it is wise to treat this as if this was stroke. We may need to do a full workup including the angiogram, but I would also look at his neck.”

In his January 14, 1997 report, Dr. Schecht considered appellant’s medical treatment, performed a physical examination and diagnosed left upper extremity neuropathy. He stated that appellant’s condition “most likely look[ed] like an ulnar neuropathy” but he could not rule out a lower trunk or medial cord of the brachial plexus injury. He stated that appellant’s last electromyogram (EMG) suggested possibly a C8 or T1 radiculopathy and recommended another EMG.

In a note dated February 12, 1997, Dr. Glenn Carlson, a Board-certified orthopedic surgeon, diagnosed left ulnar neuritis at the wrist and indicated that appellant should not work from the date of surgery and “weeks thereafter.”

By decision dated March 21, 1997, the Office denied the claim, stating that the evidence of record failed to demonstrate a causal relationship between the injury and the claimed condition or disability.

By letter dated March 24, 1997, appellant requested reconsideration of the decision and submitted a medical report from Dr. Carlson dated February 12, 1997 and a March 19, 1997 progress note from Dr. Carlson stating that appellant had a two-week-old carpal tunnel release and should have no left arm work over the next month. He also submitted a personal letter dated March 22, 1997 stating that he underwent surgery for his condition and that he had been a letter carrier for four years which involved carrying large bundles of mail in his injured hand. In his reconsideration request, appellant emphasized that it was his hand that went numb, not his arm. In his February 12, 1997 report, Dr. Carlson stated that appellant, a “middle-aged right-handed letter carrier” noted the sudden onset of left arm weakness and that after a four-day evaluation in the hospital, appellant was found to have peripheral neuropathy rather than a central problem. He stated that several EMG nerve conductions as well as magnetic resonance imaging scans of the left wrist and elbow seemed to indicate a compression and swelling around the left ulnar nerve at the wrist but no ulnar nerve problem was noted at the elbow. Dr. Carlson performed a physical examination and diagnosed left ulnar nerve compression through Guyon’s canal as well as mild left carpal tunnel.

By decision dated June 24, 1997, the Office denied appellant’s reconsideration request.

The medical evidence required to establish a causal relationship, generally, is rationalized medical evidence. Rationalized medical evidence is medical evidence which includes a physician’s rationalized medical 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, 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.² Medical reports which are speculative or ambiguous are not probative in establishing an employee's claim.³

In the present case, although the Office provided appellant with the opportunity, appellant has failed to present rationalized medical evidence to establish a causal connection between his left hand condition and factors of employment. The February 5, 1997 disability note from the Flower Hospital diagnosing some impingement of C6 and C7 does not address causation and therefore is not probative. Dr. Orecchio's December 28, 1996 report speculatively stated that appellant's problem could be explained on the basis of cervical radiculopathy but he thought it was wise to treat the problem as a stroke. Dr. Orecchio therefore was unsure of appellant's condition and did not address causation. Dr. Schecht's January 14, 1997 report is also speculative as Dr. Schecht stated that appellant's condition "most likely look[ed]" like an ulnar neuropathy but could also be a lower trunk or medial cord of the brachial plexus injury. He further stated that appellant might have a C8 or T1 radiculopathy. His diagnosis was speculative and he did not address causation. Dr. Carlson's February 12, 1997 disability note diagnosing left ulnar neuritis does not address causation. His February 12, 1997 report in which he diagnosed left ulnar nerve compression through Guyon's canal as well as mild left carpal tunnel also does not address causation. The medical evidence in the record is either vague or speculative as to the nature of appellant's condition or does not address causation. Appellant has therefore failed to present sufficient evidence to establish his claim.

The decisions of the Office of Workers' Compensation Programs dated June 24 and March 21, 1997 are hereby affirmed.

Dated, Washington, D.C.
April 19, 1999

Michael J. Walsh
Chairman

George E. Rivers
Member

A. Peter Kanjorski
Alternate Member

² Gary L. Fowler, 45 ECAB 365, 371; *Ern Reynolds*, 45 ECAB 690, 695 (1994).

³ See *William S. Wright*, 45 ECAB 498, 504 (1994); *Ern Reynolds*, *supra* note 2 at 696.