

U. S. DEPARTMENT OF LABOR

Employees' Compensation Appeals Board

In the Matter of RICHARD L. ROWOLD and DEPARTMENT OF DEFENSE,
DEFENSE LOGISTICS AGENCY, New Haven, IN

*Docket No. 00-1591; Submitted on the Record;
Issued April 9, 2001*

DECISION and ORDER

Before DAVID S. GERSON, WILLIE T.C. THOMAS,
PRISCILLA ANNE SCHWAB

The issue is whether appellant sustained carpal tunnel syndrome causally related to his employment.

On September 23, 1999 appellant, then a 51-year-old laborer, filed an occupational disease claim alleging that repetitive paintbrush strokes with his right hand caused carpal tunnel syndrome. He stated that he painted for up to 8 hours a day 30 hours a week.

By letters dated November 8, 1999, the Office of Workers' Compensation Programs requested additional information from the employing establishment and asked appellant to furnish a physician's opinion supported by a medical explanation of the relationship between appellant's condition and his employment.

On November 16, 1999 the Office received medical evidence, including¹ blood, urine and serum test results dated November 5, 1998 and February 11, 1999; results of x-rays of the chest and lower back taken on February 11, 1999; a pulmonary function report dated March 16, 1999; records of appellant's eye surgery in April 1999; the results of a July 26, 1999 echocardiogram; and progress notes dated May 26 and 27, October 12 and 27, and November 10, 1999.

In an unsigned treatment note dated August 4, 1999, Dr. Suseela Doravari, a Board-certified internist, noted that appellant complained of numbness in both hands and arms, at times radiating down his back which had become worse since "doing some painting." An electromyography (EMG) test dated November 10, 1999 noted findings of decreased sensation of the median nerve on the right. Phalen's and Tinel's signs were negative.

¹ Appellant also submitted medical records from the Veterans Administration that are not relevant to the claimed condition.

On December 30, 1999 the Office sent a statement of accepted facts and questions to Dr. Doravari for a detailed narrative report on appellant's condition.

In a decision dated February 1, 2000, the Office found that appellant did not establish a causal relationship between his injury and his employment.

Subsequently, Dr. Doravari advised that appellant first complained of wrist pain of two months' duration on September 23, 1999. She noted that EMG findings were indicative of right carpal tunnel syndrome and concluded:

"It appears his symptoms started since July 1999. With the above information, it appears that his symptoms began while he was working at the [employing establishment]. As the work involved painting which causes repetitive movements at the wrist, it might have directly caused, aggravated, accelerated or precipitated the carpal tunnel syndrome at the right wrist."

By letter dated February 17, 2000, appellant requested reconsideration of the prior decision.

In a decision dated February 25, 2000, the Office determined that the additional evidence submitted by appellant was not sufficient to warrant modification of the prior decision.

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

An employee seeking benefits under the Federal Employees' Compensation Act² has the burden of establishing the essential elements of his or her claim³ including the fact that the individual is an "employee of the United States" within the meaning of the Act⁴, that the claim was timely filed within the applicable time limitation period of the Act⁵, 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.⁶ These are essential elements of each compensation claim regardless of whether the claim is predicated upon a traumatic injury or an occupational disease.⁷

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

² 5 U.S.C. §§ 8101-8193.

³ See *Daniel R. Hickman*, 34 ECAB 1220 (1983); see also 20 C.F.R. § 10.115.

⁴ See *James A. Lynch*, 32 ECAB 2116 (1980); see also 5 U.S.C. § 8101(1).

⁵ 5 U.S.C. § 8122.

⁶ *Elaine Pendleton*, 40 ECAB 1143, 1145 (1989).

⁷ *Delores C. Ellyett*, 41 ECAB 922 (1990); *Victor J. Woodhams*, 41 ECAB 345 (1989).

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.⁸

Causal relationship is a medical issue⁹ and the medical evidence required to establish a causal relationship is rationalized medical evidence. Rationalized medical evidence is medical evidence that 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, 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.¹⁰

In this case, the Board finds that the February 1, 2000 report of Dr. Doravari constitutes sufficient evidence in support of appellant's claim to require further development by the Office. While Dr. Doravari's report lacks detailed medical rationale to meet appellant's burden of proof to establish that his carpal tunnel syndrome was caused or aggravated by employment factors, this merely means that its probative value is diminished.¹¹ Absent medical evidence to the contrary, the report is sufficient to require further development of the record.¹²

It is well established that proceedings under the Act are not adversarial in nature.¹³ While the claimant has the burden to establish entitlement to compensation, the Office shares responsibility in the development of the evidence.¹⁴

On remand the Office should compile a statement of accepted facts and refer appellant, together with the complete case record and questions to be answered, to a Board-certified specialist for a detailed opinion on the relationship of appellant's carpal tunnel syndrome and employment. After such development as the Office deems necessary, a *de novo* decision shall be issued.¹⁵

⁸ *Victor J. Woodhams, supra* note 7.

⁹ *Mary J. Briggs*, 37 ECAB 578 (1986).

¹⁰ *Victor J. Woodhams, supra* note 7; *Joe L. Wilkerson*, 47 ECAB 604 (1996); *Alberta S. Williamson*, 47 ECAB 569 (1996); *Kurt R. Ellis*, 47 ECAB 505 (1996); *Thomas L. Hogan*, 47 ECAB 323 (1996); *Charles E. Burke*, 47 ECAB 185 (1995).

¹¹ *See Delores C. Ellyet, supra* note 7.

¹² *John J. Carlone*, 41 ECAB 354 (1989).

¹³ *See, e.g., Walter A. Fundinger, Jr.*, 37 ECAB 200 (1985).

¹⁴ *See Dorothy L. Sidwell*, 36 EACB 6999 (1985).

¹⁵ The Board notes that appellant submitted additional evidence with his request for an appeal. The Board cannot consider this evidence, however, as its review of the case is limited to the evidence of record which was before the Office at the time of its final decision. 20 C.F.R. § 501.2(c). Appellant may, however, seek reconsideration by the

The February 25 and February 1, 2000 decisions of the Office of Workers' Compensation Programs are set aside and this case is remanded for proceedings consistent with this opinion.

Dated, Washington, DC
April 9, 2001

David S. Gerson
Member

Willie T.C. Thomas
Member

Priscilla Anne Schwab
Alternate Member

Office.