

<sup>1</sup> The record on appeal includes evidence submitted after the Office issued the March 4, 2005 decision. The Board may not consider evidence that was not before the Office at the time it rendered its final decision. 20 C.F.R. § 501.2.

## **FACTUAL HISTORY**

On July 24, 2004 appellant, a 50-year-old mail processing clerk, filed an occupational disease claim for severe right median nerve entrapment and carpal tunnel syndrome. She identified July 19, 2004 as the date she first realized her condition was employment related. Appellant's supervisor noted on the claim form that appellant was unsure whether her carpal tunnel syndrome was due to her shoulder surgery or due to work. The only medical evidence that accompanied appellant's claim was a July 8, 2004 electromyography (EMG) that revealed severe right median entrapment at the wrist. However, the study did not identify a cause of the reported condition.

On August 3, 2004 the Office requested additional factual and medical evidence from appellant. Appellant responded on August 11, 2004, stating that she needed more time to submit the additional medical information requested. She also indicated that when she saw her doctor on June 21, 2004 she mentioned to him that her right fingers were going numb, her wrist was sore and pain radiated from her wrist to her elbow and up through her shoulder. The pain had reportedly worsened over the past couple of months and she thought it might have been due to the development of scar tissue in her right shoulder, which was possibly pinching a nerve. Appellant's doctor ordered an EMG and on July 19, 2004, he discussed the results of the study with appellant.

Appellant indicated that she later learned that carpal tunnel syndrome was a very common problem at the employing establishment. She believed that the continued twisting and turning of her wrist working with mail caused her injury.<sup>2</sup> Appellant indicated that her prior duties in automation involved grabbing trays of mail, loading mail into trays on a hopper, labeling mail trays, loading pie carts, and pushing and pulling pie carts and cages. She also placed rubber bands on mail after the machine sorted the mail. Occasionally, she loaded and swept the optical character reader machine and dispatched the mail by herself. Appellant also worked in the manual area in 2000 casing mail. She cased three to four trays an hour with approximately 250 pieces of mail per tray. Her duties also included riffling mail, which involved manually removing individual pieces of mail that did not have the appropriate zip code. Appellant also described her current duties in the nixie area where she was required to sort through trays of mail and remove those items that did not have a correct address. She would bundle some mail as dead mail and stamp other mail "return to sender."

In a decision dated September 22, 2004, the Office denied appellant's claim finding that she failed to establish that her claimed condition was related to the identified work factors.<sup>3</sup>

On October 3, 2004 appellant requested a review of the written record. She submitted a September 13, 2004 report from Dr. Thomas E. Butler, Jr., an orthopedic surgeon, who indicated

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<sup>2</sup> Appellant also stated that it was possible that her wrist was weakened when she previously injured her right shoulder pushing a cage of bulk mail. However, she acknowledged that no physician had stated that the injury she sustained pushing the cage weakened her wrist and that the weakening of the wrist could contribute to carpal tunnel syndrome.

<sup>3</sup> The Office did not receive any medical evidence other than the July 8, 2004 EMG, which, as previously indicated, did not specifically address the cause of appellant's severe right median entrapment.

that he examined appellant on July 19, 2004. Appellant reportedly complained of numbness in both hands, intermittently, worse on the right than the left. Dr. Butler also indicated that appellant's July 8, 2004 nerve conduction studies revealed a right median entrapment at the wrist. He stated that appellant had carpal tunnel syndrome and that she should undergo a carpal tunnel release. Dr. Butler also noted that appellant had several right shoulder surgeries for chronic impingement syndrome, which were felt to be work related. He explained that shoulder surgery produces bleeding, which in turn produces swelling in the upper extremity. According to Dr. Butler, it was quite common to see carpal tunnel syndrome worsen following arm swelling, whether it be related to trauma, pregnancy, bleeding, hypothyroidism, fluid retention, rapid weight gain or hormonal fluctuations. Dr. Butler opined that appellant's carpal tunnel syndrome was related to her shoulder surgeries. He also provided a copy of his July 19, 2004 treatment notes, which essentially mirrored his September 13, 2004 findings.<sup>4</sup>

Appellant underwent carpal tunnel release on December 30, 2004. Dr. Butler permitted her to return to light-duty work effective January 26, 2005.

By decision dated March 4, 2005, the Office hearing representative affirmed the September 22, 2004 decision.

### **LEGAL PRECEDENT**

A claimant seeking benefits under the Federal Employees' Compensation Act<sup>5</sup> has the burden of establishing the essential elements of his claim by the weight of the reliable, probative and substantial evidence, including that any specific condition or disability for work for which he claims compensation is causally related to the employment injury.<sup>6</sup>

In an occupational disease claim, to establish that an injury was sustained in the performance of duty, 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 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>7</sup>

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<sup>4</sup> In his July 19, 2004 treatment notes, Dr. Butler stated that appellant's several shoulder surgeries could certainly exacerbate or worsen carpal tunnel syndrome. He also indicated that he would relate appellant's carpal tunnel syndrome to her shoulder surgery as opposed to her occupation as a mail carrier.

<sup>5</sup> 5 U.S.C. § 8101 *et seq.*

<sup>6</sup> 20 C.F.R. § 10.115(e), (f) (1999); *see Jacquelyn L. Oliver*, 48 ECAB 232, 235-36 (1996). Causal relationship is a medical question that can generally be resolved only by rationalized medical opinion evidence. *See Robert G. Morris*, 48 ECAB 238 (1996). A physician's opinion on the issue of whether there is a causal relationship between the claimant's diagnosed condition and the implicated employment factors must be based on a complete factual and medical background of the claimant. *Victor J. Woodhams*, 41 ECAB 345, 352 (1989). Additionally, in order to be considered rationalized, the opinion must be expressed in terms of a reasonable degree of medical certainty, and must be supported by medical rationale, explaining the nature of the relationship between the diagnosed condition and appellant's specific employment factors. *Id.*

<sup>7</sup> *Victor J. Woodhams*, *supra* note 6.

### **ANALYSIS**

The record establishes that appellant's employment duties involved a variety of repetitive arm, wrist and hand movements. The medical evidence, however, does not demonstrate that the employment duties appellant implicated either caused or contributed to her claimed carpal tunnel syndrome. The July 8, 2004 EMG revealed severe right median entrapment at the wrist, but did not address the specific cause of this condition. Additionally, Dr. Butler's report and treatment notes do not attribute appellant's carpal tunnel syndrome to her having performed repetitive tasks at work. He indicated in his July 19, 2004 treatment notes that he would relate appellant's carpal tunnel syndrome to her shoulder surgery as opposed to her "occupation." Dr. Butler provided a similar assessment in his September 13, 2004 report where he noted that appellant's "carpal tunnel syndrome [was] worsened by her shoulder surgeries" for chronic impingement syndrome. As the medical evidence or record fails to establish that appellant's carpal tunnel syndrome is related to her employment duties as a mail processing clerk, the Office properly denied her July 24, 2004 occupational disease claim.<sup>8</sup>

### **CONCLUSION**

The Board finds that appellant failed to establish that her right carpal tunnel syndrome was causally related to the implicated employment factors.

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<sup>8</sup> In her appeal to the Board appellant indicated that she wished to claim her carpal tunnel release and lost time under a previous claim for a March 27, 2000 right shoulder injury (13-1213615). The only issue currently before the Board is whether appellant established a new occupational disease claim for carpal tunnel syndrome (13-2109885). The Board's decision in the current claim does not preclude appellant from pursuing additional remedies under claim number 13-1213615.

**ORDER**

**IT IS HEREBY ORDERED THAT** the March 4, 2005 decision of the Office of Workers' Compensation Programs is affirmed.

Issued: August 5, 2005  
Washington, DC

Alec J. Koromilas, Chief Judge  
Employees' Compensation Appeals Board

Colleen Duffy Kiko, Judge  
Employees' Compensation Appeals Board

David S. Gerson, Judge  
Employees' Compensation Appeals Board