

On July 2, 2008 appellant, then a 52-year-old part-time temporary data conversion operator, filed an occupational disease claim alleging that she developed bilateral carpal tunnel syndrome as a result of performing her work duties. She became aware of her condition and realized it was caused by her work on June 30, 2008. Appellant stopped work on June 21, 2008. She stated that on June 21, 2008 she was keying and experienced pain and numbness in both

arms and headaches. Appellant was treated in the emergency room on June 30, 2008 where she was diagnosed with bilateral carpal tunnel syndrome. She submitted a prescription slip of that date, which noted that she was to be off work until July 8, 2008.

In a letter dated July 28, 2008, the Office advised appellant of the factual and medical evidence needed to establish her claim. It requested that she submit a physician's reasoned opinion addressing the causal relationship of her carpal tunnel condition to specific employment activities. The Office also requested the employing establishment submit comments from a knowledgeable supervisor addressing appellant's claim for compensation.

Appellant came under the treatment of Dr. Mahmood Partovi, a Board-certified orthopedic surgeon, from June 27 to September 8, 2008. Dr. Partovi treated her for bilateral carpal tunnel syndrome. In return to work certificates dated June 27 to August 6, 2008, he noted that appellant was under his care from June 24 to 27, July 3 to August 21, 2008. On July 9, 2008 Dr. Partovi noted clinical findings of severe pain in both wrists and diagnosed tendinitis. He advised that appellant was unable to perform her work duties. On August 8, 2008 Dr. Partovi diagnosed bilateral wrist pain and carpal tunnel syndrome. Appellant reported severe pain and numbness in both wrists and fingers radiating into the back of her neck. Dr. Partovi noted with a checkmark "yes" that her condition was caused or aggravated by employment activity and that her work duties included keying and typing. He found that appellant was totally disabled as of July 9, 2008. In an August 25, 2008 return to work slip, Dr. Partovi advised that she was under his care from August 21 to September 8, 2008 and was being referred to a neurologist. Appellant underwent a electromyogram (EMG) on July 18, 2008 which revealed no abnormalities.

In an August 7, 2008 statement, Michael J. Thompson, appellant's manager, confirmed that appellant was employed as a part-time temporary data conversion operator since October 6, 2002. Appellant's duties consisted of keying address information into a computer while using a workstation with an ergonomically designed footstool and chair with wrist rests. Mr. Thompson advised that she failed to inform her supervisor that she experienced arm pain.

Appellant reiterated her allegations and submitted a hospital discharge summary dated June 30, 2008 for treatment of bilateral arm and shoulder pain. She reported that both arms were aching due to typing and keying duties performed as a data conversion operator. Appellant was diagnosed with paresthesia to both upper extremities, rule out carpal tunnel syndrome and was discharged that day.

In a September 22, 2008 decision, the Office denied appellant's claim, finding that the medical evidence did not establish that she sustained an injury.

On October 7, 2008 appellant requested a review of the written record. On December 22, 2007 Dr. Sam Kalou, a Board-certified family practitioner, noted her complaint of neck pain and diagnosed cervical spine degenerative joint disease and bulging disc at L4-5. An emergency room report and discharge instructions dated June 30, 2008 from Dr. Craig Ausmus, a Board-certified family practitioner, noted treatment for pain, numbness, tingling and paresthesias in the hands radiating into the shoulders pain. Appellant reported working as a data entry operator where she would key information into a computer for approximately eight hours per day.

Dr. Ausmus diagnosed paresthesias to both upper extremities and possible carpal tunnel syndrome. On October 1, 2008 appellant was treated by Dr. H.S. Ramesh, Board-certified in pain management, who diagnosed cervicalgia, cervical disc degeneration and rule out C6-7 herniated nucleus pulposus. Dr. Ramesh advised that she could return to modified duty on October 2, 2008, with restrictions. A magnetic resonance imaging (MRI) scan of the cervical spine dated October 3, 2008 revealed degenerative changes of the cervical spine, right paracentral disc bulge osteophyte at C4-6 and diffuse posterior disc bulges at C5-6 and C6-7. Appellant also submitted physical therapy records.

By decision dated February 9, 2009, the Office affirmed the September 22, 2008 decision as modified. The hearing representative found that appellant was a part-time data conversion operator who sat at a computer terminal and keyed information. However, the medical evidence was insufficient to establish that her upper extremity condition or headaches were causally related to her work duties.

LEGAL PRECEDENT

An employee seeking benefits under the Federal Employees' Compensation Act has the burden of establishing the essential elements of his or her claim including the fact that the individual is an "employee of the United States" within the meaning of the Act, that the claim was timely filed within the applicable time limitation period of the Act, that the 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. These are the essential elements of each and every compensation claim regardless of whether the claim is predicated upon a traumatic injury or an occupational disease.¹

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) 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 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 claimant. The medical evidence required to establish causal relationship is generally rationalized medical opinion evidence. Rationalized medical opinion evidence is medical evidence which 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.²

¹ Gary J. Watling, 52 ECAB 357 (2001).

² Solomon Polen, 51 ECAB 341 (2000).

ANALYSIS

It is not disputed that appellant's duties as a data conversion operator include prolonged sitting at a computer and keying information. However, she has not submitted sufficient medical evidence to establish that she sustained bilateral carpal tunnel syndrome causally related to her employment duties. On July 28, 2008 the Office advised appellant of the medical evidence needed to establish her claim. Appellant did not submit a rationalized medical report from a physician addressing how her employment caused or aggravated her condition.

Appellant submitted return to work certificates from Dr. Partovi, who noted that she was under his care from June 24 to September 8, 2008. On July 9, 2008 Dr. Partovi diagnosed tendinitis and noted that she was unable to perform her work duties. However, these reports are insufficient to establish appellant's claim as the physician did not provide a history of injury or address how her employment activities had caused or aggravated a diagnosed medical condition.³

On August 8, 2008 Dr. Partovi diagnosed bilateral wrist pain and carpal tunnel syndrome. He noted with a checkmark "yes" that appellant's condition was caused or aggravated by an employment activity and indicated that she keyed information and used a typewriter at work. Dr. Partovi further noted that she was totally disabled beginning July 9, 2008. The Board has held that an opinion on causal relationship which consists only of a physician checking "yes" to a medical form question on whether claimant's condition related to the history given is of diminished probative value. Without any explanation or rationale for the conclusion reached, such report is insufficient to establish causal relationship.⁴ Dr. Partovi did not provide any medical rationale to explain how keying or using a typewriter caused or aggravated carpal tunnel syndrome.

In a June 30, 2008 hospital admission, Dr. Ausmus diagnosed paresthesias of the bilateral upper extremities, rule out carpal tunnel syndrome. Appellant reported working as a data entry operator for eight hours per day which caused pain, numbness, tingling and paresthesias in the hands radiating into the shoulders. However, Dr. Ausmus merely addressed a history of injury as reported by her. He did not provide any opinion regarding whether appellant's condition was work related. Moreover, Dr. Ausmus did not provide a firm medical diagnosis.

The other reports from Dr. Kalou and Dr. Ramesh noted appellant's complaints of neck pain and diagnosed cervical spine degenerative joint disease, bulging disc at L4-5 and cervicalgia. However, neither Dr. Kalou and Dr. Ramesh addressed her claimed bilateral carpal tunnel syndrome or headaches. These reports do not support appellant's claimed condition or provide any opinion relating her cervical disc disease to her federal employment

³ A.D., 58 ECAB ____ (Docket No. 06-1183, issued November 14, 2006) (medical evidence which does not offer any opinion regarding the cause of an employee's condition is of limited probative value on the issue of causal relationship).

⁴ *Lucrecia M. Nielson*, 41 ECAB 583, 594 (1991).

Appellant also submitted physical therapy notes. However, the Board has held that records from a physical therapist do not constitute competent medical opinion in support of causal relation as a physical therapist is not a physician as defined under the Act.⁵

Similarly, the EMGs and MRI scan reports are insufficient to establish appellant's claim. They do not provide a physician's opinion on the causal relationship between her job factors and a diagnosed medical condition.

An award of compensation may not be based on surmise, conjecture or speculation. Neither, the fact that appellant's condition became apparent during a period of employment nor the belief that the condition was caused, precipitated or aggravated by her employment is sufficient to establish causal relationship.⁶ Causal relationships must be established by rationalized medical opinion evidence. Appellant failed to submit such evidence and the Office therefore properly denied her claim for compensation.

CONCLUSION

The Board finds that appellant has not met her burden of proof in establishing that she developed an employment-related injury in the performance of duty.

⁵ A.C., 60 ECAB ____ (Docket No. 08-1453, issued November 18, 2008).

⁶ See *Dennis M. Mascarenas*, 49 ECAB 215 (1997).

ORDER

IT IS HEREBY ORDERED THAT the February 9, 2009 decision of the Office of Workers' Compensation Programs is affirmed.

Issued: December 23, 2009
Washington, DC

David S. Gerson, Judge
Employees' Compensation Appeals Board

Michael E. Groom, Alternate Judge
Employees' Compensation Appeals Board

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