

claims (xxxxxx181, xxxxxx542 & xxxxxx016).¹ When she filed the instant claim, appellant had not worked since October 18, 2004.² Prior to that time, she had worked limited-duty as a data conversion operator/video coding specialist. The employing establishment questioned how appellant purportedly sustained a repetitive use injury when she had not been exposed to any repetitive activities since early 2001. Appellant's data conversion operator/video coding specialist position, which she held since October 2002, required her to read addresses into a headset microphone as individual pieces of mail were displayed on a computer screen. She could work either seated or standing. Appellant's limited-duty assignment did not require her to use either hand.

On January 10, 2006 the Office informed appellant that it was unclear how her claimed condition was related to her federal employment. It asked appellant to describe in further detail the employment-related activities she believed contributed to her condition. On April 4, 2006 the Office again asked appellant to submit the previously requested information. Appellant, however, did not respond to the Office's request.

The relevant medical evidence includes a January 12, 2005 nerve conduction study and neurologic consultation by Dr. Gregory F. Pauxtis, a Board-certified neurologist, who diagnosed right, worse than left, carpal tunnel syndrome. Dr. Pauxtis noted that appellant reported "accumulated trauma to the upper extremities related to work duties," with a March 1, 1998 date of injury; but he did not specifically discuss appellant's work history, noting that it had already been outlined by her treating physician and did not warrant repeating. Dr. Pauxtis reported positive Tinel's sign at the right volar wrist. He also noted that the nerve conduction study showed a definite slowing of the right, worse than left, median nerves at the wrists. Dr. Pauxtis diagnosed right carpal tunnel syndrome and recommended surgical release. He also indicated that appellant had mild clinical and electrical findings on the left, secondary to using her left hand more than her right because of pain in the right upper extremity. The proposed right upper extremity surgery occurred on August 9, 2005.

Dr. R. Thomas Grotz, an orthopedic surgeon, who previously operated on appellant's right wrist and elbow, recommended that she undergo a similar procedure with respect to her left upper extremity. In a December 1, 2005 report, he characterized appellant's condition as a repetitive strain injury involving the neck and both upper extremities. Dr. Grotz did not review appellant's employment history or otherwise describe any particular employment duties that either caused or contributed to her condition. His clinical impressions included, "[l]eft wrist median and ulnar nerve compression ... in need of treatment, documented clinically and electrodiagnostically..." Dr. Grotz noted that appellant had positive Tinel's sign on the left, clawing and cramping over the ulnar distribution with numbness over the small finger and half of the ring finger, diminished sensation over the index finger and long finger and decreased pinch on the left. He also noted a history of dropping things and many "red flag findings." Dr. Grotz

¹ Appellant's other accepted conditions include cervical strain, thoracic outlet syndrome, left lateral epicondylitis major depressive disorder -- recurrent episode, panic disorder (xxxxxx181), right shoulder subacromial bursitis (xxxxxx016) and bilateral plantar fasciitis (xxxxxx928).

² The Office placed appellant on the periodic compensation rolls effective March 20, 2005 with respect to claim number xxxxxx181.

recommended obtaining magnetic resonance imaging (MRI) scans for the left wrist and elbow. Additional clinical impressions included “[r]epetitive strain/cumulative trauma syndrome, moderately severe and progressive, after nearly two decades of repetitive tasks on the job” and left side cubital tunnel syndrome. The recommended left wrist and elbow MRI scans were obtained on December 14, 2005 and showed evidence of tendinosis, mild/minimal tenosynovitis and possible mild synovitis.

In a decision dated May 24, 2006, the Office denied appellant’s claim for left carpal tunnel syndrome. Appellant’s counsel requested a hearing which was scheduled for September 9, 2009. At the hearing, appellant attributed her left carpal tunnel syndrome to her previous duties as a mail handler which she described as “always pulling, pushing and lifting” and throwing bundles. She stated that she had undergone carpal tunnel surgery for her left wrist in 2006.

By decision dated December 14, 2009, an Office hearing representative affirmed the May 24, 2006 decision.

LEGAL PRECEDENT

A claimant seeking benefits under the Federal Employees’ Compensation Act³ has the burden of establishing the essential elements of her claim by the weight of the reliable, probative and substantial evidence, including that an injury was sustained in the performance of duty as alleged and that any specific condition or disability claimed is causally related to the employment injury.⁴

To establish that an injury was sustained in the performance of duty, a claimant must submit: (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 identified employment factors.⁵

³ 5 U.S.C. §§ 8101-8193 (2006).

⁴ 20 C.F.R. § 10.115(e), (f) (2009); *see Jacquelyn L. Oliver*, 48 ECAB 232, 235-36 (1996). Causal relationship is a medical question, which generally requires rationalized medical opinion evidence to resolve the issue. *See Robert G. Morris*, 48 ECAB 238 (1996). A physician’s opinion on whether there is a causal relationship between the diagnosed condition and the implicated employment factors must be based on a complete factual and medical background. *Victor J. Woodhams*, 41 ECAB 345, 352 (1989). Additionally, the physician’s 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.*

⁵ *Victor J. Woodhams*, *supra* note 4.

ANALYSIS

Appellant had evidence of mild left carpal tunnel syndrome as of January 2005, or approximately three months after she stopped work. She attributed her condition to her work duties from March 1, 1998.

In a January 12, 2005 report, Dr. Pauxtis stated that the mild clinical and electrical findings on the left were secondary to appellant using her left hand more than her right because of pain in the right upper extremity. At the time he diagnosed right, worse than left, carpal tunnel syndrome. Dr. Pauxtis did not address appellant's specific employment duties; rather, he noted appellant reported "accumulated trauma to the upper extremities related to work duties." Appellant's belief that her carpal tunnel syndrome was related to her prior mail handler duties is not sufficient to establish a causal relationship between her diagnosed condition and her employment.

Dr. Pauxtis did not provide a history of appellant's specific duties as a mail handler or that she worked in a limited-duty capacity for a two-year period just prior to his January 12, 2005 examination. He did not address her prior medical history of treatment for her left upper extremity or address any diagnostic testing. Dr. Pauxtis' opinion is insufficient to establish that appellant's left carpal tunnel syndrome was related to her federal employment. The December 1, 2005 report of Dr. Grotz is similarly deficient in that he too failed to discuss appellant's specific duties as a mail handler or her subsequent two-year limited-duty assignment as a data conversion operator/video coding specialist. Dr. Grotz's general reference to "nearly two decades of repetitive tasks on the job" does not suffice as an accurate history of occupational exposure for purposes of establishing an employment-related condition. He recommended diagnostic testing that was obtained on December 14, 2005 but did not address how this supported the diagnosed left wrist or elbow conditions. Neither Dr. Pauxtis nor Dr. Grotz provided a rationalized medical opinion relating how any left upper extremity condition was causally related to her federal employment. Accordingly, the Office properly denied appellant's occupational disease claim.

CONCLUSION

Appellant failed to establish that she sustained a left upper extremity condition causally related to her federal employment.

ORDER

IT IS HEREBY ORDERED THAT the December 14, 2009 decision of the Office of Workers' Compensation Programs is affirmed.

Issued: November 5, 2010
Washington, DC

Colleen Duffy Kiko, Judge
Employees' Compensation Appeals Board

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

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