



August 20, 2010 and realized it was causally related to his employment on August 21, 2010. Appellant stopped work on August 24, 2010.

Appellant submitted an August 24, 2010 duty status report from a healthcare provider whose signature was illegible. It listed clinical findings of bilateral thumb and wrist pain. The healthcare provider diagnosed wrist and thumb tendinitis with possible left carpal tunnel syndrome. Appellant was returned to work without restrictions. In an August 24, 2010 clinic note, the healthcare provider diagnosed bilateral wrist and thumb sprain, bilateral wrist tenosynovitis and possible left carpal tunnel syndrome. In an August 30, 2010 duty status report, Dr. Michael A. Milek, a Board-certified orthopedic surgeon, noted clinical findings of carpometacarpal (CMC) arthritis and indicated that the diagnoses was not due to injury. Appellant also submitted an August 25, 2010 request for limited-duty work.

In an August 30, 2010 letter, OWCP advised appellant of the evidence needed to establish his claim. It particularly requested that he submit a physician's reasoned opinion addressing the relationship of his claimed condition and specific work factors. In a letter of the same date, OWCP requested the employing establishment address appellant's allegations and provide a description of his work duties.

Appellant submitted a September 27, 2010 statement explaining that on August 20, 2010 while on his mail route his thumbs started to hurt. He finished his mail route but still experienced thumb pain and took Tylenol. On August 22, 2010 appellant's thumb pain worsened while casing mail and he informed his supervisor. In response to OWCP's request for information, he described casing mail for two hours a day, five days a week and delivering mail for five and one half hours a day. Appellant noted that both casing and delivering mail involved use of his hands, thumbs and wrist to go through mail. He noted his activities outside of work included fishing, golfing and using a computer. Appellant reported no history of arthritis but a prior history of tendinitis.

In an August 30, 2010 report, Dr. Milek treated appellant for problems related to the carpometacarpal joints bilaterally. He stated that the condition was idiopathic in nature. Dr. Milek noted that appellant worked as a letter carrier and developed sudden pain on August 20, 2010 without any history of injury. He noted x-rays were essentially normal with no carpometacarpal involvement. Examination was normal except for an abnormality of the carpometacarpal joint which was tender over the radial thenar muscle area. Dr. Milek diagnosed early carpometacarpal synovitis, etiology unclear. He injected xylocaine injections into the thumbs. Dr. Milek returned appellant to regular duty on September 6, 2010. On September 22, 2010 he stated that, based on the available data, appellant's use of his thumbs while at work more likely than not contributed to or aggravated his CMC synovitis. Appellant also submitted an article which described his duties as a letter carrier.

In a decision dated October 15, 2010, OWCP denied appellant's claim on the grounds that he failed to provide sufficient medical evidence.

## LEGAL PRECEDENT

An employee seeking benefits under FECA has the burden of proof to establish the essential elements of his claim. When an employee claims that she sustained an injury in the performance of duty, he must submit sufficient evidence to establish that he experienced a specific event, incident or exposure occurring at the time, place and in the manner alleged. Appellant must also establish that such event, incident or exposure caused an injury.<sup>2</sup>

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 the 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.<sup>3</sup>

## ANALYSIS

It is not disputed that appellant's duties as a letter carrier included performing repetitive duties including sorting mail, lifting and carrying mail bundles and walking. It is also not disputed that he has been diagnosed with bilateral carpometacarpal synovitis. However, appellant has not submitted sufficient medical evidence to establish that his diagnosed bilateral carpometacarpal synovitis was causally related to specific employment factors or conditions. On August 30, 2010 OWCP advised him of the type of medical evidence needed to establish his claim. Appellant did not submit a rationalized medical report from a physician addressing how specific employment factors may have caused or aggravated his claimed conditions.

Appellant submitted an August 30, 2010 duty status report from Dr. Milek who noted clinical findings of carpometacarpal arthritis and indicated that the diagnosis was not due to injury. Similarly, in an August 30, 2010 report, Dr. Milek diagnosed early carpometacarpal synovitis, etiology unclear. He opined that appellant's condition was idiopathic in nature as appellant reported developing pain suddenly on August 20, 2010 without any history of injury

---

<sup>2</sup> See *Walter D. Morehead*, 31 ECAB 188, 194 (1979) (occupational disease or illness); *Max Haber*, 19 ECAB 243, 247 (1967) (traumatic injury). See generally *John J. Carlone*, 41 ECAB 354 (1989); *Elaine Pendleton*, 40 ECAB 1143 (1989).

<sup>3</sup> *Solomon Polen*, 51 ECAB 341 (2000).

while performing his letter carrier duties. However, in a September 22, 2010 report, Dr. Milek opined that, based on the available data, appellant's use of his thumbs while at work "more likely than not" contributed to and aggravated appellant's medical condition of CMC synovitis. While this report provides some support for causal relationship, he provided no medical reasoning to support his opinion on causal relationship. The need for reasoning is particularly important since Dr. Milek, in his August 30, 2010 reports, indicated that appellant's condition was not due to an injury and was of an unclear etiology. He did not indicate the reasons why he apparently changed his opinion on causal relationship and he did not otherwise explain why particular work factors would aggravate appellant's CMC synovitis. Thus, Dr. Milek's opinion provides insufficient support for causal relationship.

Appellant also submitted an August 24, 2010 duty status report and an August 24, 2010 clinic note from a healthcare provider whose signature is illegible. However, these records cannot be considered probative medical evidence in the absence of any indication that the person who signed the documents is a physician.<sup>4</sup> Thus, these documents are insufficient to establish the claim.

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 his condition was caused, precipitated or aggravated by his employment is sufficient to establish causal relationship.<sup>5</sup> Causal relationship must be established by rationalized medical opinion evidence. Appellant failed to submit such evidence, and OWCP therefore properly denied appellant's claim for compensation.<sup>6</sup>

Appellant may submit new evidence or argument with a written request for reconsideration to OWCP within one year of this merit decision, pursuant to 5 U.S.C. § 8128(a) and 20 C.F.R. §§ 10.605 through 10.607.

### CONCLUSION

The Board finds that appellant did not meet his burden of proof to establish that his claimed conditions were causally related to his employment.

---

<sup>4</sup> See *C.B.*, Docket No. 09-2027 (issued May 12, 2010) (a medical report may not be considered as probative medical evidence if there is no indication that the person completing the report qualifies as a physician as defined in 5 U.S.C. § 8101(2) and reports lacking proper identification do not constitute probative medical evidence). See 5 U.S.C. § 8101(2). This subsection defines the term "physician." See also *Charley V.B. Harley*, 2 ECAB 208, 211 (1949) (where the Board held that medical opinion, in general, can only be given by a qualified physician).

<sup>5</sup> See *Dennis M. Mascarenas*, 49 ECAB 215 (1997).

<sup>6</sup> See 5 U.S.C. § 501.2(c). The Board's jurisdiction is limited to the evidence that was before OWCP at the time it issued its final decision; therefore, the Board is unable to review evidence submitted by appellant after the October 29, 2008 OWCP decision.

**ORDER**

**IT IS HEREBY ORDERED THAT** the October 15, 2010 decision of the Office of Workers' Compensation Programs is affirmed.

Issued: November 8, 2011  
Washington, DC

Alec J. Koromilas, Judge  
Employees' Compensation Appeals Board

Colleen Duffy Kiko, Judge  
Employees' Compensation Appeals Board

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