



Appellant became aware of her condition on October 15, 2009 and realized it was causally related to her employment on November 23, 2009.

Dr. Kathleen Kuday, an osteopath, stated on October 15, 2009 that appellant was unable to work from October 14 to 21, 2009 due to a wrist injury. On an October 21, 2009 she advised that appellant was unable to work due to illness and could return on October 28, 2009. On October 26, 2009 Dr. Kuday noted that appellant was disabled until November 4, 2009.

Appellant was treated for right wrist pain by Dr. A. George Dass, a Board-certified orthopedic surgeon, from November 23 to December 9, 2009. She reported experiencing right wrist pain for the past two years which was aggravated by her job as a mail carrier. Dr. Dass diagnosed right de Quervain's tenosynovitis and recommended cortisone injections and bracing. He noted that right wrist x-rays showed no fracture or arthritis but a slight scapholunate widening. In a December 1, 2009 return to work slip, Dr. Dass diagnosed de Quervain's disease and noted that appellant could return to work on November 23, 2009 without restrictions. On December 9, 2009 he diagnosed right wrist dorsal pain and swelling and possible intersection syndrome. Dr. Dass noted that appellant would be off work for four to eight weeks. In a December 9, 2009 return to work slip, he diagnosed de Quervain's disease and noted that she could return to work on February 8, 2010 without restrictions.

In an undated statement, appellant indicated that her right wrist condition was caused from overuse and repetitive movements including grasping, pinching and squeezing. She indicated that her tendons became inflamed and she developed tenosynovitis and intersection syndrome.

On March 5, 2010 OWCP advised appellant of the evidence needed to establish her claim. It requested that she submit a physician's reasoned opinion addressing the relationship of her claimed condition and specific work factors.

In a February 22, 2010 report, Dr. Dass treated appellant for worsening chronic right wrist pain, moderate to severe. He diagnosed right de Quervain's tenosynovitis and recommended a right de Quervain's release.

On May 3, 2010 OWCP denied appellant's claim on the grounds that the medical evidence did not establish that the claimed wrist condition was related to the accepted work-related activities.

Appellant requested a telephone hearing which was held on August 11, 2010. In an August 26, 2010 report, Dr. Dass noted her complaints of right wrist pain related to her job as a rural carrier. Appellant's job involved handling mail and using her wrists in a radial to ulnar deviation manner which was very repetitive in nature. Dr. Dass noted her pain was moderate to severe and required splinting and anti-inflammatory medications. On examination, there was tenderness over the first dorsal compartment and positive Finkelstein's test consistent with de Quervain's syndrome. X-rays of the right wrist revealed no evidence of fracture, dislocation or arthritic changes. Dr. Dass diagnosed right de Quervain's tenosynovitis. He opined that given appellant's history as a mail handler and the repetitive nature of her job, the right de Quervain's tenosynovitis was caused or significantly aggravated by her work activities.

On November 19, 2010 an OWCP hearing representative set aside the May 3, 2010 decision and remanded the matter for further medical development.

On January 11, 2011 OWCP referred appellant to Dr. Emmanuel N. Obianwu, a Board-certified orthopedic surgeon and second opinion physician. In a January 25, 2011 report, Dr. Obianwu reviewed the statement of accepted facts, a history of her employment and the medical records. On physical examination, circumference of the right and left wrist was equal, Finkelstein test was negative, there was no tenderness or swelling over the first dorsal compartment, appellant had full range of motion of the right thumb and right wrist, Tinel's testing over the superficial radial nerve was negative and Phalen's test was negative. Dr. Obianwu examined appellant for intersection syndrome, noting a fully pronated distal forearm and pressure on the intersection point produced no symptoms. He diagnosed normal right hand and wrist. Dr. Obianwu stated that the clinical examination did not reveal any evidence of de Quervain's tenosynovitis or intersection syndrome. He noted that an October 27, 2009 MRI scan of the right wrist revealed no evidence of scapholunate ligament disruption, scapholunate disassociation or rotator instability and the triangular fibrocartilage complex was normal. Dr. Obianwu stated that this study substantiated the lack of findings noted on examination. He advised that appellant could return to her regular duties as a rural carrier without restrictions and did not require ongoing treatment.

In a February 3, 2011 letter, OWCP provided appellant and her attorney a copy of Dr. Obianwu's report. It asked that she have her physician review the report and provide comments. Appellant did not respond.

In a decision dated April 1, 2011, OWCP denied appellant's claim for compensation on the grounds that the second opinion physician found her right wrist condition was not causally related to her work duties.

On April 5, 2011 appellant requested an oral hearing. She submitted a October 27, 2009 magnetic resonance imaging (MRI) scan of the right wrist, which revealed no evidence of scapholunate disassociation or rotator instability and the triangular fibrocartilage complex was normal with a ganglion cyst. In a February 10, 2011 report, Dr. Kuday treated appellant for persistent right wrist pain. She noted that this condition was a recent injury caused by sorting mail and repetitive motion. Dr. Kuday noted clinical findings of right wrist pain and atrophy. The right wrist circumference was 6¼ inches and 6½ inches on the left. There was also limited range of motion of the right wrist, negative Phalen's and Tinel's tests. Dr. Kuday diagnosed de Quervain's syndrome and tenosynovitis.

In a decision dated December 15, 2011, an OWCP hearing representative affirmed the April 1, 2011 OWCP decision.

### **LEGAL PRECEDENT**

An employee seeking benefits under FECA has the burden of proof to establish the essential elements of her claim. When an employee claims that she sustained an injury in the performance of duty, she must submit sufficient evidence to establish that she 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

OWCP accepted that appellant's duties as a letter carrier included performing repetitive duties including sorting mail, lifting and carrying mail bundles and walking. Appellant has been diagnosed with de Quervain's disease and intersection syndrome. The Board finds that she has not submitted sufficient medical evidence to establish that her diagnosed de Quervain's disease and intersection syndrome was causally related to her work duties.

Appellant submitted return to work slips from Dr. Kuday, dated October 15 to 26, 2009, who noted that appellant was disabled from work from October 14 to November 4, 2009 due to a wrist injury. These reports are insufficient to establish the claim as the physician did not provide a history of injury<sup>4</sup> or specifically address how the work duties caused or aggravated the diagnosed conditions.<sup>5</sup> Appellant submitted a February 10, 2011 report from Dr. Kuday who treated her for persistent right wrist pain caused by sorting mail and repetitive motion. She noted clinical findings of right wrist pain and atrophy. Dr. Kuday diagnosed de Quervain's syndrome

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<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).

<sup>4</sup> *Frank Luis Rembisz*, 52 ECAB 147 (2000) (medical opinions based on an incomplete history or which are speculative or equivocal in character have little probative value).

<sup>5</sup> *A.D.*, 58 ECAB 149 (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).

and tenosynovitis. However, she did not provide medical rationale explaining how any diagnosed condition was causally related to sorting mail and repetitive motion at work.<sup>6</sup>

Reports from Dr. Dass dated November 23, 2009 to February 22, 2010, diagnosed right de Quervain's tenosynovitis. Appellant reported experiencing right wrist pain for the past two years which was aggravated by her job as a mail carrier. Similarly, in return to work slips dated December 1 to 9, 2009, Dr. Dass diagnosed de Quervain's disease, dorsal pain and swelling and possible intersection syndrome and noted that appellant would be off work until February 8, 2010. He appears merely to be repeating the history of injury as reported by appellant without providing his own opinion regarding whether her condition was work related. To the extent that Dr. Dass is providing his own opinion, the physician failed to provide a rationalized opinion regarding the causal relationship between her de Quervain's tenosynovitis and work factors.<sup>7</sup> Therefore, these reports are insufficient to meet appellant's burden of proof. On August 26, 2010 Dr. Dass noted that her complaints of right wrist pain related to her job as a rural carrier. He indicated that appellant's job involved handling mail and using her wrists in a radial to ulnar deviation manner which was very repetitive in nature. Dr. Dass diagnosed right de Quervain's tenosynovitis. He opined that given appellant's history as a mail handler and the repetitive nature of her job, the right de Quervain's tenosynovitis was caused or significantly aggravated by her work activities. However, Dr. Dass failed to provide a specific and rationalized opinion regarding the causal relationship between appellant's de Quervain's tenosynovitis and the factors of employment believed to have caused or contributed to such condition.<sup>8</sup> For example, he did not explain the process by which repetitive activities such as casing mail and carrying a mailbag would cause the diagnosed condition and why such condition would not be due to nonwork factors. Therefore, this report is insufficient to meet appellant's burden of proof.

OWCP referred appellant to Dr. Obianwu for a second opinion as to whether her diagnosed de Quervain's tenosynovitis and intersection syndrome were causally related to her work factors. In a January 25, 2011 report, Dr. Obianwu noted physical findings of negative Finkelstein test, no tenderness or swelling over the first dorsal compartment, full range of motion of the right thumb and right wrist and negative Tinel's and Phalen's testing. He noted examining appellant for intersection syndrome noting fully pronated distal forearm and pressure on the intersection point produced no symptoms. Dr. Obianwu diagnosed normal right hand and wrist. He opined that the clinical examination did not reveal any evidence of de Quervain's tenosynovitis or intersection syndrome. Dr. Obianwu noted that an October 27, 2009 MRI scan of the right wrist substantiated his negative findings as there was no evidence of scapholunate ligament disruption, scapholunate disassociation or rotator instability and the triangular fibrocartilage complex was normal. He advised that appellant could return to her regular duties as a rural carrier without restrictions and did not require ongoing treatment. Although OWCP asked that she have her physician comment on Dr. Obianwu's opinion, no responsive report was received.

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<sup>6</sup> *F.T.*, Docket No. 09-919 (issued December 7, 2009) (a medical opinion not fortified by rationale is of diminished probative value).

<sup>7</sup> *Id.*

<sup>8</sup> *Id.*

The Board finds that appellant did not submit sufficient medical evidence to meet her burden of proof to establish that the de Quervain's tenosynovitis or intersection syndrome is causally related to employment factors. Neither, the fact that a claimant's condition became apparent during a period of employment nor the belief that the condition was caused, precipitated or aggravated by the employment is sufficient to establish causal relationship.<sup>9</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 her burden of proof to establish that her claimed conditions were causally related to her employment.

### **ORDER**

**IT IS HEREBY ORDERED THAT** the December 15, 2011 decision of the Office of Workers' Compensation Programs is affirmed.

Issued: November 28, 2012  
Washington, DC

Colleen Duffy Kiko, Judge  
Employees' Compensation Appeals Board

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

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

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<sup>9</sup> *D.I.*, 59 ECAB 158 (2007).