



hands and wrists while boxing mail, scanning parcels and writing passports. She submitted diagnostic testing that revealed mild-to-moderate, primary sensory, right median mononeuropathy at the carpal tunnel from Dr. Robert Scott, Board-certified in physical medicine and rehabilitation.

On June 15, 2012 OWCP denied appellant's injury claim for failure to establish the element of causal relationship. It accepted that she performed such work activities as repetitively boxing mail, scanning parcels, writing passports and entering data on computers, but found that she submitted insufficient medical opinion explaining how the work activities caused or affected the diagnosed condition.

On June 29, 2012 appellant requested reconsideration. She resubmitted the diagnostic study of Dr. Scott together with April and May 2012 progress notes from the physician.

On August 10, 2012 OWCP denied modification of its prior decision. It found that the medical evidence did not identify her work duties or address whether the work duties caused her right carpal tunnel syndrome.

### **LEGAL PRECEDENT**

FECA provides compensation for the disability of an employee resulting from personal injury sustained while in the performance of duty.<sup>2</sup> An employee seeking benefits under FECA has the burden of proof to establish the essential elements of his or her claim. When an employee claims that he or she sustained an injury in the performance of duty, he or she must submit sufficient evidence to establish that he or she experienced a specific event, incident or exposure occurring at the time, place and in the manner alleged. An employee must also establish that such event, incident or exposure caused an injury.<sup>3</sup>

Causal relationship is a medical issue,<sup>4</sup> and the medical evidence generally required to establish causal relationship is rationalized medical opinion evidence. The opinion of the physician must be based on a complete factual and medical background of the claimant,<sup>5</sup> must be one of reasonable medical certainty,<sup>6</sup> and must be supported by medical rationale explaining the nature of the relationship between the diagnosed condition and the established incident or factor of employment.<sup>7</sup>

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<sup>2</sup> *Id.* at § 8102(a).

<sup>3</sup> *John J. Carlone*, 41 ECAB 354 (1989).

<sup>4</sup> *Mary J. Briggs*, 37 ECAB 578 (1986).

<sup>5</sup> *William Nimitz, Jr.*, 30 ECAB 567, 570 (1979).

<sup>6</sup> *See Morris Scanlon*, 11 ECAB 384, 385 (1960).

<sup>7</sup> *See William E. Enright*, 31 ECAB 426, 430 (1980).

## ANALYSIS

OWCP accepted that appellant performed such work activities as repetitively boxing mail, scanning parcels, writing passports and entering data on computers. Appellant has established that she experienced a specific event, incident or exposure occurring at the time, place and in the manner alleged. The question for determination, therefore, is whether the work activities caused her diagnosed right carpal tunnel syndrome.

Appellant submitted several progress reports and a diagnostic study from Dr. Scott, but the physician did not identify her work activities or address whether her right carpal tunnel syndrome was a result of her work activities.<sup>8</sup> As the record contains no medical opinion addressing the issue of causal relationship, she has failed to make a *prima facie* claim for benefits. Appellant has not met her burden of proof to establish that she sustained a right carpal tunnel injury in the performance of duty.

Accordingly, the Board will affirm OWCP's June 15 and August 10, 2012 decisions denying her injury claim.

On appeal, appellant has submitted a medical report dated August 31, 2012. This evidence was not before OWCP when it issued its June 15 and August 10, 2012 decisions. The Board therefore has no jurisdiction to review this new evidence.<sup>9</sup>

Appellant may, however, 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 has not met her burden to establish that she sustained a right carpal tunnel injury in the performance of duty. No physician has addressed whether her specific work activities caused or aggravated her diagnosed right carpal tunnel syndrome.

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<sup>8</sup> A physician's opinion on 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. To be considered rationalized, a 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. *See Larry D. Dunkin*, 56 ECAB 220 (2004).

<sup>9</sup> The Board's review of a case is limited to the evidence in the case record that was before OWCP at the time of its final decision. Evidence not before OWCP will not be considered by the Board for the first time on appeal. 20 C.F.R. § 501.2(c)(1).

**ORDER**

**IT IS HEREBY ORDERED THAT** the August 10 and June 15, 2012 decisions of the Office of Workers' Compensation Programs are affirmed.

Issued: February 4, 2013  
Washington, DC

Richard J. Daschbach, Chief Judge  
Employees' Compensation Appeals Board

Patricia Howard Fitzgerald, Judge  
Employees' Compensation Appeals Board

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