

FACTUAL HISTORY

On May 9, 2014 appellant, a 51-year-old medical records technician, filed an occupational disease claim alleging that her carpal tunnel condition was a result of using a keyboard and mouse in the course of her federal employment.

In a decision dated June 17, 2014, OWCP denied appellant's injury claim. It accepted that the work incidents or exposure occurred as alleged, but appellant submitted no medical evidence containing a diagnosis in connection with the work incidents or exposure. "Medical evidence is required that not only contains a diagnosis but also establishes that a diagnosed medical condition is causally related to the work injury or event."

Appellant requested reconsideration and submitted medical evidence. Dr. Joe A. Jackson, a consulting pain specialist, obtained nerve conduction studies on April 25, 2014 showing median nerve delays distally, right slightly greater than left. His impression was bilateral carpal tunnel entrapments.

Dr. Jackson evaluated appellant on August 25, 2014 and diagnosed cervical spondylosis without myelopathy, displacement of cervical intervertebral disc without myelopathy, spinal enthesopathy, unspecified musculoskeletal disorders and symptoms referable to the neck, unspecified idiopathic peripheral neuropathy, and disturbance of skin sensation. He offered no opinion on whether any of appellant's diagnosed conditions were causally related to using a keyboard and mouse in the course of her federal employment.

On October 16, 2014 OWCP reviewed the merits of appellant's case and modified its prior decision to find that while there was now medical evidence providing diagnosed conditions, there was no rationalized medical explanation regarding the relationship of any diagnosed condition to the work duties of repetitive keyboard and mouse usage.

Appellant again requested reconsideration. She submitted a June 24, 2014 report from Dr. Eric Letonoff, a consulting osteopath, who evaluated appellant and diagnosed bilateral primary carpal tunnel syndrome and bilateral radicular syndrome of the upper extremities. Dr. Letonoff explained to appellant that because she had a history of severe degenerative problems in her neck with radiculitis, it might be prudent before considering carpal tunnel surgery to have a cervical spine workup.

In a decision dated November 3, 2014, OWCP reviewed the merits of appellant's case and denied modification of its prior decision. It noted that Dr. Letonoff did not mention factors of appellant's employment and did not explain whether her carpal tunnel syndrome was due to those specific factors. OWCP found that causal relationship was not established.

On appeal, appellant recognizes that her medical information did not furnish the causal relationship that OWCP requires. She requests that OWCP send her to a second opinion physician to obtain this information.

LEGAL PRECEDENT

FECA provides compensation for the disability of an employee resulting from personal injury sustained while in the performance of duty.² 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. He or she must also establish that such event, incident or exposure caused an injury.³

Causal relationship is a medical issue,⁴ 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,⁵ must be one of reasonable medical certainty,⁶ 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.⁷

ANALYSIS

OWCP accepts that appellant used a keyboard and mouse in the course of her employment as a medical records technician. Appellant has therefore met her burden to establish that she experienced a specific event(s), incident(s), or exposure(s) occurring at the time, place, and in the manner alleged. The question that remains is whether her use of a keyboard and mouse caused or aggravated her diagnosed bilateral carpal tunnel syndrome.

Appellant has submitted medical evidence supporting the diagnosis of bilateral carpal tunnel syndrome. However, neither Dr. Jackson, the consulting pain specialist, nor Dr. Letonoff, the consulting osteopath, has offered an opinion on whether the physical demands of appellant's position as a medical records technician caused or aggravated this condition. Appellant's burden includes the necessity of submitting a well-reasoned medical opinion, based on an accurate factual and medical history, explaining how the use of a keyboard and mouse caused or contributed to the diagnosed bilateral carpal tunnel syndrome.

As the record contains no medical opinion evidence supporting the critical element of causal relationship, the Board finds that appellant has not met her burden of proof. The Board will therefore affirm OWCP's November 3, 2014 decision.

² 5 U.S.C. § 8102(a).

³ *John J. Carlone*, 41 ECAB 354 (1989).

⁴ *Mary J. Briggs*, 37 ECAB 578 (1986).

⁵ *William Nimitz, Jr.*, 30 ECAB 567, 570 (1979).

⁶ *See Morris Scanlon*, 11 ECAB 384, 385 (1960).

⁷ *See William E. Enright*, 31 ECAB 426, 430 (1980).

The decision to refer a case for a second opinion examination rests with OWCP.⁸ The attending physician is the primary source of medical evidence in most cases, and the attending physician is expected to provide a rationalized medical opinion based on a complete medical and factual background in order to resolve any pending issues in a case. In certain circumstances, such as where the attending physician's report does not meet the needs of OWCP, it may schedule a second opinion examination.⁹ However, as explained above, the medical evidence is insufficient to establish appellant's claim due to the absence of the element of support for causal relationship, *i.e.*, neither physician addressed it. Thus, no further development is warranted.

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 has not met her burden to establish that her carpal tunnel condition is causally related to her duties as a medical records technician.

⁸ Federal (FECA) Procedure Manual, Part 2 -- Claims, *Developing and Evaluating the Medical Evidence*, Chapter 2.810.9.a (September 2010).

⁹ *Id.* at Part 3 -- Medical, *OWCP Directed Medical Examinations*, Chapter 3.500.3 (July 2011).

ORDER

IT IS HEREBY ORDERED THAT the November 3, 2014 decision of the Office of Workers' Compensation Programs is affirmed.

Issued: April 28, 2015
Washington, DC

Patricia H. Fitzgerald, Deputy Chief Judge
Employees' Compensation Appeals Board

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

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