

U. S. DEPARTMENT OF LABOR

Employees' Compensation Appeals Board

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In the Matter of JANE G. HUDSON and U.S. POSTAL SERVICE,  
POST OFFICE, Newburgh, NY

*Docket No. 97-2527; Submitted on the Record;  
Issued December 13, 1999*

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DECISION and ORDER

Before GEORGE E. RIVERS, WILLIE T.C. THOMAS,  
A. PETER KANJORSKI

The issue is whether appellant sustained carpal tunnel syndrome in the performance of duty causally related to factors of her employment.

In an occupational disease claim form dated April 30, 1995, appellant, then a 44-year-old rural letter carrier, alleged that she sustained an injury to her right hand and arm which she attributed to lifting trays of mail, sorting mail, putting mail into bundles and delivering mail.

In a report dated May 22, 1995, Dr. Stanley Mandell, a Board-certified neurologist, provided findings on examination which included positive Tinel's and Phalen's signs on the right. Dr. Mandell provided a diagnosis of carpal tunnel syndrome and de Quervain's syndrome.

In a written response to a letter from the Office of Workers' Compensation Programs, appellant provided a description of her job requirements. She stated that she had no repetitive wrist or hand movement activities prior to working at the employing establishment. Appellant stated that she had purchased a home computer in September 1993 and spent approximately two hours a week using the computer. She stated that she produced a one-page flyer for a butcher shop every three or four months and performed graphics and layout for a one-page, two-sided employee newsletter published every three months. Appellant indicated that the newsletter required approximately eight hours of work, usually performed over several days or a week. She stated that she also played scrabble on her computer and printed birthday cards for friends and relatives.

In a report dated June 28, 1995, Dr. Mandell diagnosed bilateral carpal tunnel syndrome. He stated, "I believe since she sorts and cases mail as part of her job, that this is related to chronic occupational trauma."

In a report dated July 5, 1995, Dr. Christine E. Jelalian, a Board-certified plastic surgeon, stated that appellant had right carpal tunnel syndrome on physical examination and some

evidence of left carpal tunnel syndrome. Dr. Jelalian stated that electromyographic (EMG) studies performed on May 22, 1995 confirmed the diagnosis of right carpal tunnel syndrome.

In a report dated July 10, 1995, Dr. Diana Ondrejik, an internist, related that appellant had been her patient for the past six years and lately had been complaining of pain, weakness and paresthesia in her left hand but did not recall any trauma to the hand. Dr. Ondrejik noted that appellant had worked for the past 22 years as a mail carrier and lifted heavy trays of mail and bundles. She noted that nerve conduction studies showed prolonged latency of the median nerve consistent with carpal tunnel syndrome in both hands. Dr. Ondrejik stated that, because of appellant's type of work involving such tasks as sorting mail, "the etiology of her carpal tunnel syndrome is related to chronic trauma suffered while performing her job."

In a report dated October 5, 1995, Dr. Ondrejik related that appellant first complained of right wrist pain and numbness in October 1989 and that over the past several years the symptoms had increased in frequency and duration and nerve conduction studies verified the diagnosis of carpal tunnel syndrome. She stated, "Because of the nature of her work as a postal worker and the duties she performs, it is my opinion that her condition is directly related to her work." Dr. Ondrejik noted that appellant had obtained a computer for her home in 1993, several years after she began complaining of problems with her hands and noted that working on the computer could aggravate carpal tunnel syndrome but that appellant stated that she did not spend much time on her home computer and therefore, in Dr. Ondrejik's opinion, the personal computer use had contributed minimally, if at all, to her carpal tunnel syndrome.

By decision dated October 5, 1995, the Office denied appellant's claim.

In an undated letter received by the Office on April 8, 1996, appellant requested reconsideration of the denial of her claim and submitted additional evidence.

In a report dated March 18, 1996, Dr. Mandell stated, "I believe that [appellant's] carpal tunnel is related to chronic occupational trauma. That the repetitive work both as a letter carrier and casing the mail is responsible for [appellant's] symptoms."

In a report dated May 15, 1996, Dr. Ondrejik related that appellant had been her patient since September 1989 at which time she was in considerable pain from what was later diagnosed as bilateral carpal tunnel syndrome. She noted that appellant had been a postal worker for several years at that time and had been performing such duties as lifting heavy trays of letters, casing mail, pulling mail into bundles and delivering mail, and that these activities were of the repetitive-motion type associated with carpal tunnel syndrome. Dr. Ondrejik stated:

"It seems to be the opinion of the claims examiner in this case that [appellant's] condition is the result of working on her home computer, which she acquired in September 1993, and uses approximately two hours per week. Given the fact that her symptoms first appeared long before that, I do not see how this opinion could have been formed. Some blame was also placed on her history of arthritis and bursitis; however, x-rays confirmed that there was no evidence of either.

“It is my opinion that [appellant’s] carpal syndrome is directly due to the nature of the work she performed as a [employing establishment] employee. Working on the computer may aggravate carpal tunnel syndrome; however, given the small amount of time she spent at the computer per week, I do not believe this to be the case.”

By decision dated August 15, 1996, the Office denied modification of its October 5, 1995 decision.

The Board finds that this case is not in posture for a decision.

An employee who claims benefits under the Federal Employees’ Compensation Act<sup>1</sup> has the burden of establishing the essential elements of his or her claim.<sup>2</sup> The claimant has the burden of establishing by the weight of reliable, probative and substantial evidence that the condition for which compensation is sought is causally related to a specific employment incident or to specific conditions of the employment. As part of this burden, the claimant must present rationalized medical opinion evidence, based upon a complete and accurate factual and medical background, establishing causal relationship.<sup>3</sup> However, it is well established that proceedings under the Act are not adversarial in nature, and while the claimant has the burden to establish entitlement to compensation, the Office shares responsibility in the development of the evidence.<sup>4</sup>

In this case, appellant alleged that she sustained carpal tunnel syndrome as a result of her work activities involving casing mail, putting mail into bundles and delivering mail. She submitted medical evidence in support of her opinion.

In reports dated May 22 and June 28, 1995, Dr. Mandell, a Board-certified neurologist, provided findings on examination which included positive Tinel’s and Phalen’s tests on the right and provided a diagnosis of carpal tunnel syndrome and de Quervain’s syndrome. He stated, “I believe since she sorts and cases mail as part of her job, that this is related to chronic occupational trauma.” In a report dated March 18, 1996, Dr. Mandell stated, “I believe that [appellant’s] carpal tunnel is related to chronic occupational trauma. That the repetitive work both as a letter carrier and casing the mail is responsible for [appellant’s] symptoms.”

In a report dated July 5, 1995, Dr. Jelalian, a Board-certified plastic surgeon, stated that appellant had right carpal tunnel syndrome on physical examination and some evidence of left carpal tunnel syndrome. She stated that EMG studies performed on May 22, 1995 confirmed the diagnosis of right carpal tunnel syndrome.

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<sup>1</sup> 5 U.S.C. §§ 8101-8193.

<sup>2</sup> *Ruthie M. Evans*, 41 ECAB 416, 423-24 (1990); *Donald R. Vanlehn*, 40 ECAB 1237, 1238 (1989).

<sup>3</sup> *Brian E. Flescher*, 40 ECAB 532, 536 (1989); *Ronald K. White*, 37 ECAB 176, 178 (1985).

<sup>4</sup> *Dorothy L. Sidwell*, 36 ECAB 699, 707 (1985); *William J. Cantrell*, 34 ECAB 1233, 1237 (1983).

In reports dated July 10 and October 5, 1995, Dr. Ondrejik, an internist, noted that appellant had worked for the past 22 years as a mail carrier and lifted heavy trays of mail and bundles. She noted that nerve conduction studies showed prolonged latency of the median nerve consistent with carpal tunnel syndrome in both hands. Dr. Ondrejik stated, "Because of the nature of her work as a postal worker and the duties she performs, it is my opinion that her condition is directly related to her work." She noted that appellant had obtained a computer for her home in 1993 and stated her opinion that the personal computer use had contributed minimally, if at all, to her carpal tunnel syndrome. In a report dated May 15, 1996, Dr. Ondrejik noted that appellant had been a postal worker for several years at that time and had been performing such duties as lifting heavy trays of letters, casing mail, pulling mail into bundles and delivering mail, and that these activities were of the repetitive-motion type associated with carpal tunnel syndrome. She discounted any possible contribution of appellant's computer use to her condition and also indicated that she did not have arthritis or bursitis and therefore these conditions did not contribute to her carpal tunnel syndrome. Dr. Ondrejik stated her opinion that appellant's carpal tunnel syndrome was directly due to the nature of the work she performed as a employing establishment employee.

The Board notes that while none of the reports of appellant's attending physicians are completely rationalized, they are consistent in indicating that appellant sustained an employment-related carpal tunnel syndrome and are not contradicted by any substantial medical or factual evidence of record. Therefore, while the reports are not entirely sufficient to meet appellant's burden of proof to establish her claim, they raise an uncontroverted inference between appellant's claimed carpal tunnel condition and her employment factors and are sufficient to require the Office to further develop the medical evidence and the case record.<sup>5</sup>

Accordingly, the case must be remanded to the Office for further evidentiary development regarding the issue of whether appellant sustained carpal tunnel syndrome or any other upper extremity condition due to factors of her employment. On remand, the Office should prepare a statement of accepted facts and refer appellant to a second opinion physician for a comprehensive examination, to include objective testing such as nerve conduction velocity studies, and an evaluation as to whether appellant sustained carpal tunnel syndrome or any other condition in either upper extremity and, if so, whether the condition was causally related to factors of her employment. After such development of the case record as the Office deems necessary, a *de novo* decision shall be issued.

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<sup>5</sup> See *Robert A. Redmond*, 40 ECAB 796, 801 (1989).

The August 15, 1996 decision of the Office of Workers' Compensation Programs is set aside and the case is remanded for further action consistent with this decision of the Board.

Dated, Washington, D.C.  
December 13, 1999

George E. Rivers  
Member

Willie T.C. Thomas  
Alternate Member

A. Peter Kanjorski  
Alternate Member