

U. S. DEPARTMENT OF LABOR

Employees' Compensation Appeals Board

In the Matter of WYNETTA G. LEWIS and U.S. POSTAL SERVICE,
POST OFFICE, Minneapolis, Minn.

*Docket No. 97-2255; Submitted on the Record;
Issued July 9, 1999*

DECISION and ORDER

Before GEORGE E. RIVERS, MICHAEL E. GROOM,
BRADLEY T. KNOTT

The issue is whether appellant sustained a recurrence of disability on February 25, 1997 causally related to her September 16, 1994 employment injury.

On or about September 16, 1994 appellant, a mail processor clerk, developed bilateral tendinitis of the upper extremities and bilateral carpal tunnel syndrome while in the performance of her duties. The Office of Workers' Compensation Programs accepted her claim, authorized surgeries and paid compensation for intermittent periods of disability through March 3, 1995. On March 5, 1997 appellant filed a claim asserting that she sustained a recurrence of disability as a result of her employment injury of September 16, 1994.¹ Appellant explained that she was given limited duty that included casing letters, which was a repetitive activity. She stated that she had never been free of shoulder, neck and arm pain since her condition developed. The employing establishment indicated that appellant stopped work on February 25, 1997.

Appellant saw her hand surgeon, Dr. Jeffrey B. Husband, on January 22, 1997. She stated that her symptoms had been present for several months, though Dr. Husband noted that medical records documented problems dating back well into 1995. Appellant stated that her symptoms were the same as she had prior to her carpal tunnel release but did not describe significant problems with numbness and tingling. Rather, Dr. Husband reported, appellant complained of pain in her shoulders, forearms and hands. After relating his findings on physical examination, Dr. Husband assessed bilateral upper extremity pain. He stated that he was unable to make a specific organic diagnosis, that there seemed to be a component of symptom magnification and that there were features suggestive of a somatoform pain disorder.

¹ The dates on appellant's claim form do not follow a chronological order. On March 5, 1997 she indicated that the date of recurrence was July 18, 1996, when she suffered an injury to her left thigh (an associated case record shows that she developed a left leg strain on or about June 12, 1996 while in the performance of duty). Appellant also indicated on her claim form, however, that she stopped work, or would stop work, on March 24, 1997 and that she returned to work, or would return to work, on March 11, 1997.

Dr. Husband reported that he unfortunately had no recommendation for treatment and suspected that appellant would continue to have symptoms as long as she worked: "It seems that if she develops any symptoms at all, she assumes that it is due to her job."

Appellant returned to her treating physician, Dr. John N. Dunne, a specialist in occupational medicine, on February 25, 1997. She complained of more and more trouble. Dr. Dunne reported that he thought appellant had some degenerative changes. Blood tests were normal for arthritis but an x-ray on January 14, 1997 did indicate some osteoarthritic changes in the hips and sacroiliac joint areas. Dr. Dunne noted that appellant related her hip pain to sitting at work. He also noted that appellant had swelling and tenderness in the right hand. Dr. Dunne assessed chronic pain, wrist pain and hip pain. He stated that he was going to take her off of work due to the "continued aggravating complaints." Dr. Dunne reported that he thought that part of it was related to her pain from her work activities and that part of it was related to her arthritis. He stated that he thought appellant had an inflammatory process that was chronic in nature and that she had chronic pain syndrome.

Dr. Dunne saw appellant again on March 11, 1997. He noted that she was doing better. After noting his findings on physical examination, he assessed chronic wrist pain and hip pain.

On March 19, 1997 appellant saw Dr. Daniel R. Kurtti, a specialist in physical medicine and rehabilitation. Appellant's chief complaints were bilateral wrist pain, left lateral hip pain and generalized trunk and extremity pain. Dr. Kurtti related appellant's history and noted that x-rays showed some L5-S1 and sacroiliac degenerative changes. After reporting his findings on physical examination, Dr. Kurtti assessed chronic bilateral wrist pain, left myofascial hip pain, status post bilateral carpal tunnel release procedures, accumulative trauma and fibromyalgia syndrome.

Appellant returned to Dr. Dunne the next day, March 20, 1997. He reported that the diagnosis of fibromyalgia was consistent with all of his findings and that he had no problem with that. Dr. Dunne stated: "It is repetitive motion. It is related to her activities." He assessed cumulative trauma disorder, left upper leg pain and left hip pain. Dr. Dunne stated that appellant was to continue off work.

On April 1, 1997 Dr. Dunne noted that appellant was developing pain in the hands and neck. He noted that appellant had been off work since February 25, 1997 and that she was continuing to have ongoing trouble with her upper extremities, left leg, left hip and neck. Dr. Dunne assessed cumulative trauma disorder, left leg pain, left hip pain and fibromyalgia. He reported: "She has significance of complaints, she has enough objective findings in my opinion to continue her on disability. I do not think she is going to be successful at this point to returning back to work."

On April 7, 1997 Dr. Thomas C. Jetzer, an occupational medicine physician, performed a fitness-for-duty examination for the employing establishment and reported that appellant's carpal tunnel problems seemed to be flaring up again. He diagnosed status post bilateral carpal tunnel syndrome with recurrent inflammation. Dr. Thomas diagnosed other conditions but reported that only the carpal tunnel syndrome was work related.

In a decision dated May 1, 1997, the Office rejected appellant's claim of recurrence on the grounds that the medical evidence failed to establish that the claimant sustained a recurrence as alleged.

Appellant requested reconsideration. Dr. Kurtti saw appellant on April 16, 1997. He noted positive bilateral wrist pain, left hip pain and a generalized soft tissue pain. Dr. Kurtti stated that appellant's pain was constant and recently staying about the same, with activity tolerance also staying about the same. He reported that appellant had considerable fatigue and pain to the point that she was not able to work at that time. Following an unchanged examination, Dr. Kurtti assessed chronic bilateral wrist pain, myofascial left hip pain, status post carpal tunnel release procedures, accumulative trauma and fibromyalgia syndrome.

Appellant saw Dr. Jetzer for follow-up on her back on May 1, 1997. He related her complaints and symptoms, indicated that he had reviewed the records from Dr. Dunne and described his findings on examination. Dr. Jetzer diagnosed bilateral carpal tunnel releases, complaints of upper extremity discomfort, improved, left hip pain, improved and chronic pain behavior. He concurred with Dr. Dunne to keep appellant off work for the short-term if she went into some type of rehabilitation program.

Dr. Dunne saw appellant again on April 29, 1997 and reported that she remained basically unchanged.

In a decision dated June 10, 1997, the Office reviewed the merits of appellant's claim and denied modification of its prior decision.

The Board finds that the medical opinion evidence of record is insufficient to establish that appellant sustained a recurrence of disability on February 25, 1997 causally related to her accepted employment injury of September 16, 1994.

An individual who claims a recurrence of disability resulting from an accepted employment injury has the burden of establishing that the disability is related to the accepted injury. This burden requires furnishing medical evidence from a physician who, on the basis of a complete and accurate factual and medical history, concludes that the disabling condition is causally related to the employment injury and who supports that conclusion with sound medical reasoning.²

There is some support in the medical evidence that appellant experienced an increase in wrist pain related to her work activities, as the attending physician, Dr. Dunne, indicated in his reports of February 25 and March 20, 1997. On April 7, 1997 Dr. Jetzer, the fitness-for-duty physician, indicated that appellant's carpal tunnel problems seemed to be flaring up again. He diagnosed status post bilateral carpal tunnel syndrome with recurrent inflammation. This evidence, however, falls short of the medical reasoning necessary to establish a recurrence of disability. Appellant must submit a medical opinion that discusses the accepted conditions of bilateral tendinitis of the upper extremities and bilateral carpal tunnel syndrome and that explains

² *Dennis E. Twardzik*, 34 ECAB 536 (1983); *Max Grossman*, 8 ECAB 508 (1956); 20 C.F.R. § 10.121(a).

how these conditions caused appellant's work stoppage on February 25, 1997 or how the specific duties of appellant's limited-duty modified position caused the work stoppage. A well-reasoned medical opinion is especially necessary in this case, where appellant has a variety of complaints and conditions that are not shown to be employment related and where some of these complaints may reflect symptom magnification or a pain disorder. It is noted that her hand surgeon, Dr. Husband, was unable to make a specific organic diagnosis and could recommend no treatment. Without a well-reasoned medical opinion explaining how appellant's work stoppage on February 25, 1997 was causally related to her September 16, 1994 employment injury, the evidence of record fails to establish appellant's claim of recurrence.

The June 10, 1997 decision of the Office of Workers' Compensation Programs is affirmed.

Dated, Washington, D.C.
July 9, 1999

George E. Rivers
Member

Michael E. Groom
Alternate Member

Bradley T. Knott
Alternate Member