The issue is whether appellant met her burden of proof to establish that she sustained an upper extremity condition in the performance of duty.

The Board finds that appellant did not meet her burden of proof to establish that she sustained an upper extremity condition in the performance of duty.

An employee seeking benefits under the Federal Employees’ Compensation Act1 has the burden of establishing the essential elements of his or her claim including the fact that the individual is an “employee of the United States” within the meaning of the Act, that the claim was timely filed within the applicable time limitation period of the Act, that an injury was sustained in the performance of duty as alleged and that any disability and/or specific condition, for which compensation is claimed are causally related to the employment injury.2 These are the essential elements of each compensation claim regardless of whether the claim is predicated upon a traumatic injury or an occupational disease.3

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) a 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

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2 Elaine Pendleton, 40 ECAB 1143, 1145 (1989).

3 See Delores C. Ellyett, 41 ECAB 992, 994 (1990); Ruthie M. Evans, 41 ECAB 416, 423-25 (1990).
The diagnosed condition is causally related to the employment factors identified by the claimant. The medical evidence required to establish a causal relationship is 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.4

In the present case, appellant alleged in late 1996 that she had sustained “repetitive stress syndrome” in her wrist due to keying on a letter sorting machine. Appellant worked on the letter sorting machine until September 1991, when she began working in a light-duty position; she returned to the letter sorting machine in January 1992, but went back to her light-duty position shortly thereafter. Appellant’s light-duty position did not require her to engage in repetitive hand or arm motion.5 By decision dated January 24, 1997, the Office of Workers’ Compensation Programs denied appellant’s claim on the grounds that she did not submit sufficient medical evidence in support thereof and, by decision dated April 14, 1997, the Office denied modification of its January 24, 1997 decision.

Appellant did not submit sufficient medical evidence to establish that she sustained an upper extremity condition in the performance of duty. Appellant submitted a February 22, 1996 report, in which Dr. Robert D. Passovoy, an attending Board-certified internist, stated that she had been seen in his office since 1991 for complaints, which had been diagnosed as repetitive stress syndromes, including bilateral carpal tunnel syndrome, acromioclavicular tendinitis and trapezius spasm. Dr. Passovoy stated, “The etiology of these problems [is] based in the syndrome of repetitive stress injury” and noted that the fact appellant’s electromyogram was normal did not rule out a diagnosis of carpal tunnel syndrome. In a report dated March 4, 1997, he noted that appellant had carpal tunnel syndrome on the right as well as other soft tissue disorders and indicated that continued repetitive motion and heavy lifting would aggravate her condition. These reports, however, are of limited probative value on the relevant issue of the present case, in that they do not contain a clear opinion on the cause of appellant’s condition.6 Dr. Passovoy did not describe appellant’s work duties or provide rationale explaining how they could have caused her to sustain an upper extremity condition as alleged. Such rationale is especially necessary in the present case, because appellant had not performed repetitive work duties since early 1992.


5 In 1992 the Office accepted that appellant sustained bilateral tendinitis of her shoulders and arms and, in December 1992, the file for this claim was closed.

6 See Charles H. Tomaszewski, 39 ECAB 461, 467-68 (1988) (finding that 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).
The decisions of the Office of Workers’ Compensation Programs dated April 14 and January 24, 1997 are affirmed.

Dated, Washington, D.C.
    July 20, 1999

Michael J. Walsh
Chairman

Michael E. Groom
Alternate Member

Bradley T. Knott
Alternate Member