

U. S. DEPARTMENT OF LABOR

Employees' Compensation Appeals Board

In the Matter of SUSAN C. MENDELL and SOCIAL SECURITY ADMINISTRATION,
Boston, Mass.

*Docket No. 97-890; Submitted on the Record;
Issued March 9, 1999*

DECISION and ORDER

Before MICHAEL E. GROOM, BRADLEY T. KNOTT,
A. PETER KANJORSKI

The issue is whether appellant has established that she has thoracic outlet syndrome, tenosynovitis, and/or brachial outlet syndrome causally related to her accepted employment injury.

In the present case, the Office of Workers' Compensation Programs accepted that appellant, a social security claims representative, sustained bilateral carpal tunnel syndrome on or about January 11, 1991 as a result of factors of her federal employment. The Office terminated appellant's benefits for the carpal tunnel syndrome on November 16, 1994. Appellant requested that the Office expand her accepted injury to include the conditions of thoracic outlet syndrome, tenosynovitis and/or brachial outlet syndrome. By decision dated August 25, 1995, an Office hearing representative affirmed the decision to terminate appellant's compensation benefits. However, the Office hearing representative remanded the case to the Office to resolve a conflict in medical opinion regarding the issue of whether appellant had thoracic outlet syndrome, tenosynovitis, or brachial outlet syndrome causally related to her federal employment. The Office thereafter referred appellant to Dr. Robert Stein, a Board-certified neurologist, for an impartial medical examination.

Where a case is referred to an impartial medical specialist for the purpose of resolving a conflict of medical opinion, the opinion of such specialist, if sufficiently well rationalized and based on a proper factual and medical background, must be given special weight.¹

Dr. Stein provided a thorough report, which was based upon a proper factual and medical background and which was well rationalized. He concluded that appellant's neurological examination was normal and there was no objective evidence of brachial plexopathy, cervical radiculopathy, mononeuropathy or thoracic outlet syndrome. Dr. Stein did note appellant's continued pain complaints, but did not identify an objective basis or any diagnosis for

¹ *Harrison Combs, Jr.*, 45 ECAB 716 (1994).

appellant's discomfort. The Board has long held that to establish an occupational injury, appellant must first establish through medical evidence the presence or existence of a disease or condition for which compensation is claimed.² Findings of pain or discomfort alone do not satisfy the medical aspect of the fact of injury determination.³

The Board has given careful consideration to the issue involved, the contentions of appellant on appeal and the entire case record. The Board finds that the decision of the Office hearing representative, dated August 30, 1996 and finalized on September 3, 1996 is in accordance with the facts and law in this case and hereby adopts the findings and conclusions of the hearing representative.

The decision of the Office of Workers' Compensation Programs dated August 30, 1996 and finalized September 3, 1996 is hereby affirmed.

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

Michael E. Groom
Alternate Member

Bradley T. Knott
Alternate Member

A. Peter Kanjorski
Alternate Member

² See *Lourdes Harris*, 45 ECAB 545 (1994).

³ See Federal (FECA) Procedure Manual, Part 2 -- Claims, *Fact of Injury* Chapter 2.803.3 (June 1995).