

U. S. DEPARTMENT OF LABOR

Employees' Compensation Appeals Board

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In the Matter of NANCY ASHCRAFT and U.S. POSTAL SERVICE,  
POST OFFICE, Cincinnati, OH

*Docket No. 99-1676; Submitted on the Record;  
Issued August 3, 2000*

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DECISION and ORDER

Before MICHAEL J. WALSH, DAVID S. GERSON,  
WILLIE T.C. THOMAS

The issue is whether appellant has established that she sustained bilateral carpal tunnel syndrome, tennis elbow and rotator cuff tendinitis/shoulder impingement, with bicipital tendinitis causally related to her modified work duties in her federal employment.

On May 16, 1997 appellant, then a 49-year-old mail clerk, filed an occupational disease claim alleging that on or about March 27, 1997 she developed medial epicondylitis ("tennis elbow") of the left elbow.<sup>1</sup> The Office of Workers' Compensation Programs accepted appellant's occupational disease claim (#090429463) for left epicondylitis. Appellant subsequently worked in a light-duty position as a result of her accepted condition. On October 15, 1997 appellant filed a second occupational disease claim alleging that on July 20, 1997 she became aware that her limited duties caused her right arm pain. The Office accepted appellant's claim (#090434352) for right medial epicondylitis. The record does not reflect whether appellant lost time from work following this accepted claim.

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<sup>1</sup> The Board notes that appellant filed a previous traumatic injury claim alleging that she sustained a right arm injury on April 26, 1997. The record does not reflect the disposition of this claim.

On November 13, 1997 appellant filed a recurrence claim (#09042463) alleging additional disability on both October 20 and November 6, 1997. Appellant stopped work on November 10, 1997.<sup>2</sup>

On March 11, 1998 appellant filed another occupational disease claim alleging that on or about March 9, 1998 she suffered from bilateral carpal tunnel syndrome, tennis elbow and rotator cuff tendinitis/shoulder impingement, with bicipital tendinitis as a result of her duties of casing mail as a modified distribution clerk. Appellant submitted a narrative statement in which she discussed her medical condition and treatment at that time and medical documentation related to the conditions alleged in her March 11, 1998 claim.<sup>3</sup> Appellant also submitted a report from Dr. Thomas Due, a Board-certified orthopedic surgeon, dated February 2, 1998 who indicated evidence of right carpal tunnel syndrome and symptoms of carpal tunnel syndrome in both hands and noted further that appellant believed her condition was caused by repetitive lifting with both of her hands. Dr. Due reported that appellant had been under his care since December 31, 1997 after being treated by another physician for a work injury sustained in April 1997. He indicated that appellant seemed to have an overuse syndrome, complaining of numbness and tingling in her hand, pain in both of her elbows, shoulders and neck. Dr. Due opined that appellant should pursue more sedentary work and that she no longer had the strength or physical condition to continue manual labor. Appellant submitted further a March 9, 1998 report from Dr. Avis Wade, attending physician, who saw appellant that day for inflammation in both wrists, elbows and shoulders. Dr. Wade reported, however, that appellant had full range of motion of both elbows, shoulders and wrists without pain, swelling or redness and an unremarkable bilateral hand examination. She diagnosed appellant with bilateral bicipital tendinitis, ankylosing spondylitis and right medial epicondylitis.

On April 1, 1998 the Office requested additional factual and medical documentation from appellant pertaining to the timeframe and development of her claimed conditions in order to make a determination on her claim. The Office also informed appellant that reports submitted by Drs. Wade and Due were insufficient to establish her claim. The Office explained that Dr. Wade in her March 9, 1998 report only provided her assessment of appellant's physical findings and bilateral bicipital tendinitis and did not diagnose the other claimed conditions or provide a history of injury and of the specific duties, which allegedly caused her conditions. The Office stated further that although Dr. Due in his February 2, 1998 report noted evidence of right carpal tunnel syndrome and symptoms of carpal tunnel syndrome in both hands, he did not provide his

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<sup>2</sup> On December 23, 1997 the Office informed appellant that upon review of the evidence submitted in support of her recurrence claim, she had not described a recurrence of her original injury but actually two distinct injuries, one having occurred on October 20, 1997 and the other on November 6, 1997. Appellant then filed separate claims for these injuries at the Office's request. The Office assigned the October 20, 1997 traumatic injury claim number 090436278 and accepted the claim for left medial epicondylitis. The Office assigned appellant's November 10, 1997 traumatic injury claim number 090436279 and accepted the claim for aggravation of bilateral medial epicondylitis. The Office subsequently combined those claims, along with the claim filed under 090434352 into a "master" case file denoted by the number 090429463, the claim filed alleging a recurrence.

<sup>3</sup> The record contains other medical evidence submitted in support of appellant's previous claims by physicians who had treated appellant since her original injury in April 1997 and for her accepted conditions arising thereafter.

opinion as to the cause of her condition. The Office allotted appellant 30 days to submit additional evidence.

In response to the Office request, appellant submitted additional evidence on April 27, 1998, which included a narrative statement that outlined the history of her conditions since April 26, 1997, the reasons for changing physicians, her activities outside work and her symptoms, which had worsened. Appellant also submitted a report from Dr. Due dated April 22, 1998 in which he indicated that she had full range of motion of her shoulders, elbows, wrists, hands and fingers with no atrophy, crepitus, joint effusions or masses. In his report, Dr. Due stated: "I really can [o]t find much on her examination but she is having a lot of pain. Appellant further submitted a follow-up report from Dr. Wade dated May 11, 1998, in which she stated that appellant continued to complain of right elbow pain and tenderness in the elbow area. She indicated that an electromyogram (EMG) performed in December 1997 revealed mild carpal tunnel on the right with none on the left. Dr. Wade noted that appellant's left elbow pain was secondary to ankylosing spondylitis and fibromyalgia, however, her left elbow examination was negative and she had full range of motion without effusion or erythema. She noted that appellant had tenderness on palpation over the right epicondyle and tenderness of fibromyalgia over her scapula, sacroiliac area and thighs.

By decision dated June 12, 1998, the Office denied appellant's claim for compensation on the grounds that the evidence fails to give definite diagnoses to support the claims of bilateral carpal tunnel syndrome, tennis elbow and rotator cuff tendinitis/shoulder impingement with bicipital tendinitis.

The Board finds that appellant failed to meet her burden of proof to establish that she sustained bilateral carpal tunnel syndrome, tennis elbow and rotator cuff tendinitis/shoulder impingement with bicipital tendinitis causally related to her employment as alleged.

An employee seeking benefits under the Federal Employees' Compensation Act<sup>4</sup> 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 filed within the applicable time limitation of the Act, that an injury<sup>5</sup> 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.<sup>6</sup> These are the essential elements of each and every compensation claim regardless of whether the claim is predicated upon a traumatic injury or occupational disease.<sup>7</sup>

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<sup>4</sup> 5 U.S.C. § 8101 *et. seq.*

<sup>5</sup> Section 8101(5) of the Act defines "injury" in relevant part as follows: "injury" includes, in addition to injury by accident, disease proximately caused by employment." Section 10.5(a)(14) of Title 20 of the Code of Federal Regulations further defines "injury" in relevant part as follows: "Injury" means a wound or condition of the body induced by accident or trauma and includes a disease or illness proximately caused by the employment for which benefits are provided under the Act."

<sup>6</sup> *Louise F. Garnett*, 47 ECAB 639, 643 (1996); *Elaine Pendleton*, 40 ECAB 1143, 1145 (1989).

<sup>7</sup> *Jerry D. Osterman*, 46 ECAB 500 (1995); *Victor J. Woodhams*, 41 ECAB 345, 352 (1989).

To establish that an injury was sustained in the performance of duty in an occupational disease claim, appellant must submit the following: (1) medical evidence establishing the 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 disease; and (3) medical evidence establishing that the employment factors were the proximate cause of the disease or, stated differently, medical evidence that the diagnosed condition is causally related to the employment factors identified by appellant.<sup>8</sup> The medical evidence required is generally rationalized medical opinion evidence, which includes a physician's opinion of reasonable medical certainty based on a complete factual and medical background of the claimant and supported by medical rationale explaining the nature of the relationship between the diagnosed condition and the specific employment factors identified by the claimant.<sup>9</sup> Neither the fact that appellant's condition became apparent during a period of employment nor appellant's belief that the condition was caused by his employment is sufficient to establish a causal relationship.<sup>10</sup>

In the present case, appellant has identified repetitive lifting with both hands in her federal employment as contributing to bilateral carpal tunnel syndrome, tennis elbow and rotator cuff tendinitis/shoulder impingement with bicipital tendinitis; however, the medical evidence of record fails to contain a reasoned medical opinion on causal relationship. The only conditions alleged by appellant that have been firmly diagnosed in the medical record were her previously accepted condition of bilateral medial epicondylitis, mild right carpal tunnel syndrome and bicipital tendinitis and there is no medical evidence causally relating those conditions to identified factors of her employment. In a report dated February 2, 1998, Dr. Due noted evidence of right carpal tunnel syndrome and symptoms of carpal tunnel syndrome in both hands, but did not diagnose appellant with left carpal tunnel syndrome, tennis elbow and rotator cuff tendinitis/shoulder impingement with bicipital tendinitis. In a report dated May 11, 1998, Dr. Wade indicated that an EMG performed in December 1997 revealed mild carpal tunnel on the right but none on the left. She had previously diagnosed appellant with bicipital tendinitis on March 9, 1998, however, she did not diagnose appellant with tennis elbow and rotator cuff tendinitis/shoulder impingement. Although the medical evidence establishes that appellant sustained some of the conditions alleged in her claim, the record does not contain any opinion on causal relationship with the identified employment factors, which caused or contributed to the diseases. Dr. Due mentioned in his February 2, 1998 report, that appellant was originally treated for an injury in April 1997 but he did not discuss the employment factors he believed caused her condition. Dr. Wade never discussed in either of her reports causal relationship evidence relating appellant's diagnosed conditions to identified factors of appellant's employment.

Accordingly, the Board finds that the medical evidence does not contain a reasoned medical opinion, based on a complete background, on causal relationship between bilateral carpal tunnel syndrome, tennis elbow and rotator cuff tendinitis/shoulder impingement, with

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<sup>8</sup> *Id.*

<sup>9</sup> *Victor J. Woodhams, supra note 7.*

<sup>10</sup> *Kathryn Haggerty, 45 ECAB 383, 389 (1994).*

bicipital tendinitis and the identified employment factors alleged in appellant's claim. It is appellant's burden to submit such evidence and she has failed to meet her burden in this case.

The decision of the Office of Workers' Compensation Programs dated June 12, 1998 is affirmed.

Dated, Washington, D.C.  
August 3, 2000

Michael J. Walsh  
Chairman

David S. Gerson  
Member

Willie T.C. Thomas  
Member