

U. S. DEPARTMENT OF LABOR

Employees' Compensation Appeals Board

In the Matter of MICHAEL R. BOYD and U.S. POSTAL SERVICE,
POST OFFICE, Houston, TX

*Docket No. 98-1308; Submitted on the Record;
Issued January 24, 2000*

DECISION and ORDER

Before WILLIE T.C. THOMAS, BRADLEY T. KNOTT,
A. PETER KANJORSKI

The issue is whether appellant has established that he sustained a left thumb condition in the performance of duty causally related to factors of his federal employment.

On May 11, 1995 appellant, then a 53-year-old letter carrier, filed a notice of occupational disease and claim for compensation (Form CA-2) alleging that he sustained a left thumb condition causally related to his employment factors. On his CA-2 form appellant alleged that he first became aware of his condition and that it was caused or aggravated by his employment in 1994. On the reverse of the CA-2 form, appellant indicated that he notified his supervisor of his condition on May 11, 1995 and first received medical attention on May 12, 1995 from Dr. Michael G. Brown, a Board-certified surgeon. In explaining causal relationship between his claimed condition and his alleged factors of employment, appellant stated that he had pain in his left thumb limiting his motion caused by "holding mail while casing and distribution and thumbing through mail while delivering." Appellant stated that he was told by Dr. Brown that this condition was caused by pressure and repetitive motion. He also stated that "at first the symptoms -- pain was not sufficient to prohibit work" but became increasingly worse to where he could no longer sort mail.

In support of his claim, appellant submitted duty status reports dated May 17 and 24, 1995 from Dr. Brown who noted metacarpotrapezial arthrosis and checked mark yes indicating that the history of injury given by appellant corresponded with factors of his employment disability.

In an undated operative report, Dr. Brown indicated that appellant had surgery on June 1, 1995 for left pan trapezial arthrosis, synovitis diagnosis confirmed by clinical and radiographic examinations.

By letter dated August 1, 1995, the Office of Workers' Compensation Programs advised appellant that additional information was required in reference to appellant's claim for a left

thumb condition under the Federal Employees' Compensation Act¹ and provided a detailed list of questions.

Appellant submitted a July 25, 1995 medical review report from Dr. Brown recommending continued therapy and two physical therapy reports dated July 25 and August 2, 1995 noting treatment for left trapezial arthrosis.

By letter dated September 13, 1995, the Office mailed appellant a second and final request for additional information.

On September 25, 1995 appellant submitted detailed answers to the Office's list of questions. In reference to the Office's request for comprehensive medical reports, appellant stated that "D[octo]r's office requires \$500.00 prepaid – I have no money." Appellant also submitted a medical review report from Dr. Brown dated August 16, 1995 indicating left trapezial allograft and arthroplasty.

By decision dated November 6, 1995, the Office issued a decision rejecting appellant's claim for failure to submit sufficient medical evidence necessary to support his claim. The Office stated:

"The evidence of file supports the fact that the claimed events, incidents or exposures occurred at the times, places and in the manners alleged. However, a medical condition resulting from the accepted trauma or exposure is not supported by the medical evidence of file. Therefore, an injury within the meaning of the [Act] is not demonstrated."

By letter dated January 26, 1996, received by the Office on February 9, 1996, appellant requested reconsideration. In support of his request, he stated that he was initially led to believe that the left hand condition had been preapproved before the surgery, which was performed on June 1, 1995, and all doctor, hospital and therapy bills were approved by the Office. Appellant also submitted a medical report dated January 5, 1996 written by Dr. Jerone Landstrom for Dr. Brown. Dr. Landstrom's report mostly made reference to Dr. Landstrom's medical findings of an injury of appellant's right hand on March 16, 1994.² Dr. Landstrom did not relate appellant's left hand condition to the employment factors. He did note that appellant had undergone a left trapezium allograft arthropathy on June 1, 1995 and that appellant had sustained another injury to his hand on November 12, 1995 of left little finger crushing caused by a golf cart.

By decision dated February 16, 1996, the Office denied modification of the November 6, 1995 decision, finding that the medical evidence submitted was insufficient to justify modification.

¹ 5 U.S.C. §§ 8101-8193.

² Appellant was issued a decision on September 30, 1994 terminating compensation finding that the de Quervain's disease of his right hand and wrist resulting from his December 24, 1993 work-related injury had ceased.

By letter dated December 29, 1996, received by the Office on January 9, 1997, appellant requested reconsideration of his claim and submitted a December 15, 1996 report from Dr. Brown who reported a history of appellant's surgery of his right wrist. Dr. Brown also noted appellant began complaining of pain in his left thumb on October 26, 1994 for the first time. He diagnosed tennis elbow and metacarpotrapezial arthrosis. Dr. Brown stated:

“[Appellant's] trapezial panarthrosis of the right wrist was most likely caused by work activities and additionally aggravated his work activities. Definitely an injury from his golf cart employment where he had his [little and ring] finger[s] of the left hand crushed was related to this sort of work activity.”

Appellant underwent surgery on June 1, 1995 and reached maximum medical improvement on September 27, 1995.

By decision dated February 20, 1997, the Office reviewed the case on its merits finding that the new evidence submitted was sufficient to establish fact of injury and modified the February 16, 1996 decision noting fact of injury has been established but the evidence was still insufficient to establish that this injury was causally related to factors of his employment.

By letter dated March 12, 1997, received by the Office on March 19, 1997, appellant requested reconsideration of his claim and submitted a March 3, 1997 report by Dr. Brown who stated:

“Please be advised that it is my opinion that [appellant's] cumulative trauma as a postal worker was a causative factor in his pan trapezial arthritis and synovitis affecting the left hand and necessitating implant arthroplasty.”

Dr. Brown also noted that he was Board-certified and holds a certificate of added qualifications in hand surgery and also stated, “in no uncertain terms that in my opinion this is a work-related injury.”

By decision dated June 13, 1997, the Office denied modification of the prior decision finding that the evidence presented by appellant failed to establish that he sustained an employment-related condition of his thumb as alleged.

The Board finds that appellant has failed to establish that he sustained a left thumb condition as alleged.

An employee seeking benefits under the Act 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.³ These are the essential elements of each compensation claim regardless of whether the claim is predicated upon a traumatic injury or an occupational disease.⁴

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 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 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.⁵

The mere fact that a condition manifests itself during a period of employment does not raise an inference that there is a causal relationship between the two. Neither the fact that the condition became apparent during a period of employment, nor the belief of appellant that the condition was caused by or aggravated by employment conditions is sufficient to establish causal relation.⁶

In the instant case, appellant has alleged that he sustained an occupational thumb condition causally related to his federal employment. In his initial claim, appellant submitted duty status reports dated May 17 and 24, 1995 from Dr. Brown who diagnosed metacarpotrapezial arthrosis and stated that appellant's history of injury corresponded with factors of an occupational disease. No medical rationale was submitted in support of appellant's alleged claim. In an undated operative report, Dr. Brown noted that he performed surgery of appellant's left trapezium and diagnosed left pan trapezial arthrosis synovitis. Therapy reports of July 25, 1995 and August 2 and August 16, 1995 medical reports indicated that appellant continued therapy for his diagnosed left trapezium allograft arthroplasty. Also submitted was a January 5, 1996 medical report from Dr. Landstrom, narrated by Dr. Brown. This report mostly gave reference to findings of appellant's right hand injury in March 1994 and gave no relevance to the cause of appellant's alleged left hand condition. As Dr. Brown's March 3, 1997 report suggested that appellant's work duties were causative factors of his left hand condition, he submitted no medical rationale to explain how specific employment factors caused or

³ *Elaine Pendleton*, 40 ECAB 1143, 1145 (1989).

⁴ *See Delores C. Ellyett*, 41 ECAB 992, 994 (1990).

⁵ *Victor J. Woodhams*, 41 ECAB 345, 351-52 (1989).

⁶ *Alberta S. Williamson*, 47 ECAB 569 (1996).

contributed to the diagnosed condition. The Board has held that a physician's opinion is not dispositive simply because it is offered by a physician.⁷ To be of probative value to appellant's claim, the physician must provide a proper factual background and must provide medical rationale which explains the medical issue at hand, be that whether the current condition is disabling or whether the current condition is causally related to the accepted employment injury. Where no such rationale is present, the medical opinion is of diminished probative value.

Appellant did not submit medical evidence to establish that his left thumb condition was sustained in the performance of duty causally related to factors of his federal employment-related duties. None of the reports provide a probative, rationalized medical opinion sufficient to establish that appellant sustained a disability causally related to employment factors.

The decision of the Office of Workers' Compensation Programs dated June 13, 1997 is hereby affirmed.

Dated, Washington, D.C.
January 24, 2000

Willie T.C. Thomas
Alternate Member

Bradley T. Knott
Alternate Member

A. Peter Kanjorski
Alternate Member

⁷ See *Michael Stockert*, 39 ECAB 1186 (1988).