U. S. DEPARTMENT OF LABOR

# Employees' Compensation Appeals Board

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In the Matter of STEVEN A. WILSON and DEPARTMENT OF THE NAVY, PUGET SOUND NAVAL SHIPYARD, Bremerton, WA

*Docket No. 98-2619; Submitted on the Record;*
*Issued March 28, 2000*

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DECISION and ORDER

Before GEORGE E. RIVERS, DAVID S. GERSON,
WILLIE T.C. THOMAS

The issue is whether appellant has met his burden of proof in establishing that he sustained a recurrence of disability causally related to his accepted bilateral wrist strain.

Appellant developed pain in his wrists and forearms while in the performance of his duties as a shipfitter on or about March 30, 1994. The Office of Workers' Compensation Programs accepted his claim for bilateral wrist strain. On August 30, 1996 appellant retired from the employing establishment. On October 1, 1996 appellant started working for Safeway bagging groceries, bringing in shopping carts, cleaning dairy, produce and meat shelves, and doing stocking duties. He stated that his carpal tunnel syndrome worsened in his right hand and subsequently had right carpal tunnel release. On February 19, 1998 appellant filed a claim asserting that his carpal tunnel condition was causally related to his employment.

In a decision dated June 2, 1998, the Office denied appellant's claim of recurrence.

The Board finds that the medical opinion evidence of record is insufficient to establish that appellant sustained a recurrence of disability causally related to his accepted employment injuries.

An individual who claims a recurrence of disability due to an accepted employment-related injury has the burden of establishing by the weight of reliable, probative and substantial evidence that the recurrence of disability is causally related to the original injury.[1] This burden includes the necessity of furnishing evidence from a qualified physician who, on the basis of a complete and accurate factual and medical history, concludes that the condition is causally related to the employment injury. The medical evidence must demonstrate that the claimed

[1] *Robert H. St. Onge*, 43 ECAB 1169 (1992).

recurrence was caused, precipitated, accelerated or aggravated by the accepted injury.[2] Moreover, the physician's conclusion must be supported by sound medical reasoning.[3]

The medical evidence of record from March 30, 1994 through March 4, 1996 supports appellant's complaints of pain and discomfort regarding pain in his wrists and forearms, but fails to explain with sound medical reasoning of how the accepted employment condition caused a recurrence of disability from the work factors of 1996. In treatment notes of March 30, 1994, Dr. Gordon N. Cromwell, an orthopedic surgeon, noted that appellant was experiencing bilateral wrist discomfort, nocturnal paresthesias, tightness in the wrists when using them during the day, and daytime numbness with repetitive use, particularly the dominant right hand. He diagnosed bilateral carpal tunnel compression syndrome and advised appellant to wear wrist splits at night. Appellant returned to full duty. On February 7, 1996 Dr. Cromwell diagnosed work-related carpal tunnel compression syndrome. Appellant was advised to wear his night splints and returned to work with restrictions of avoiding use of power tools and heavy gripping/squeezing for three weeks. On March 4, 1996 Dr. Cromwell found that appellant's right hand had normal sensation, negative Tinel's and appellant was nontender through the carpal tunnel. He was advised to wear wrist splits at night and returned to regular duty on March 5, 1996 with no restrictions. Appellant retired from the employing establishment on August 30, 1996. In a treatment note of October 3, 1997, Dr. Cromwell reported that appellant's carpal tunnel syndrome on the right was worse now. Dr. Cromwell indicated that appellant has retired from the shipyard and works at Safeway stocking and sometimes bagging. Carpal tunnel syndrome on the right side was diagnosed. Appellant underwent an endoscopic carpal tunnel release of his right wrist on October 22, 1997. Responding to an Office inquiry, Dr. Cromwell reported on April 15, 1998 that when appellant was last seen on March 4, 1996, it was felt that appellant had carpal tunnel compression syndrome and he was requested to wear his night splints and to be rechecked in six weeks. Dr. Cromwell related that appellant was next seen on October 3, 1997, then currently retired from the shipyard and working for Safeway stocking the dairy section. Dr. Cromwell stated that with the repetitive motion of that job, appellant's carpal tunnel symptoms began to increase which, ultimately, lead to operative release of his right carpal tunnel on October 22, 1997. Dr. Cromwell opined that appellant's original carpal tunnel symptoms were the result of his on-the-job activities at the employing establishment and that when appellant retired and started stocking shelves at Safeway, this was an aggravation of the preexisting symptoms and ultimately led to surgical release on October 22, 1997.

[2] Federal (FECA) Procedure Manual, Part 2 -- Claims, *Causal Relationship*, Chapter 2.805.2 (June 1995).

[3] *Mark A. Cacchione*, 46 ECAB 148 (1994).

Although this report draws a connection between appellant's current discomfort and his initial industrial injury, it fails to address appellant's disability after appellant's carpal tunnel syndrome resolved on March 5, 1996 and his retirement from the employing establishment on August 30, 1996,[4] and it offers no medical explanation of how the accepted employment injuries caused a subsequent aggravation which resulted in surgical release. Whether appellant claims a spontaneous return of disability as a result of his accepted employment injuries or whether he claims a new injury to the same part of the body by renewed exposure to the causative agent of a previously suffered occupational disease, he must support his claim with a medical opinion that uses sound medical reasoning to establish the critical element of causal relationship. Without such reasoning, the conclusion of Dr. Cromwell, while generally supportive of appellant's claim, is insufficient to establish appellant's entitlement to further benefits.[5]

[4] The Office procedure manual defines a recurrence of disability to include a work stoppage caused by the following: (1) a spontaneous material change, demonstrated by objective findings, in the medical condition which resulted from a previous injury or occupational illness without an intervening injury or new exposure to factors causing the original illness; (2) a return or increase of disability due to an accepted consequential injury; or (3) withdrawal of a light-duty assignment, made specifically to accommodate the claimant's condition due to the work-related injury, for reasons other than misconduct or nonperformance of job duties. A recurrence of disability does not include a work stoppage caused by the following: (1) termination of a temporary appointment, if the claimant was a temporary employee at the time of the injury; (2) cessation of special funding for a particular position or project (*e.g.,* "pipeline" grants); (3) true reduction-in-force where employees performing full duty as well as those performing light duty are affected; (4) closure of a base or other facility; or (5) a condition that results from a new injury, even if it involves the same part of the body previously injured, or by renewed exposure to the causative agent of a previously suffered occupational disease. If a new work-related injury or exposure occurs, Form CA-1 or CA-2 should be completed accordingly. The Office's procedure manual states, however, that in some occupational disease cases where the diagnosis remains the same but disability increases, the claimant may submit Form CA-2a, notice of recurrence of disability and claim for compensation, rather than filing a new claim. For instance, a claimant with carpal tunnel syndrome who has returned to work, but whose repetitive work activities result in the need for surgery, need not be required to file a new claim. Federal (FECA) Procedure Manual, Part 2 -- Claims, *Recurrences*, Chapter 2.1500.3(b) (January 1995).

[5] *Ceferino L. Gonzales*, 32 ECAB 1591 (1981); *George Randolph Taylor*, 6 ECAB 968 (1954) (medical conclusions unsupported by rationale are of little probative value).

The June 2, 1998 decision of the Office of Workers' Compensation Programs is affirmed.

Dated, Washington, D.C.
March 28, 2000

George E. Rivers
Member

David S. Gerson
Member

Willie T.C. Thomas
Alternate Member