

U. S. DEPARTMENT OF LABOR

Employees' Compensation Appeals Board

In the Matter of AGNES L. RUMPH and U.S. POSTAL SERVICE,
POST OFFICE, Gary, IN

*Docket No. 99-2316; Submitted on the Record;
Issued October 25, 2000*

DECISION and ORDER

Before DAVID S. GERSON, WILLIE T.C. THOMAS,
VALERIE D. EVANS-HARRELL

The issue is whether appellant sustained a recurrence of disability beginning February 27, 1997.

On March 19, 1987 appellant filed an occupational disease claim for carpal tunnel syndrome sustained in the performance of her duties as a letter sorting machine operator. The Office of Workers' Compensation Programs accepted that appellant sustained carpal tunnel syndrome and paid her compensation during her intermittent absences from work from December 15, 1985 to September 17, 1987. On June 21, 1988 appellant accepted a light-duty offer from the employing establishment as a general clerk.

On March 13, 1997 appellant filed a claim for a recurrence of disability which she attributed to performing duties outside her restrictions beginning December 3, 1996. Appellant stopped work on February 27, 1997, returned to work on March 3, 1997 and again stopped work on March 6, 1997. By decision dated May 30, 1997, the Office found that the evidence failed to demonstrate a causal relation between appellant's disability beginning February 27, 1997 and her accepted condition of carpal tunnel syndrome.

Appellant requested a hearing and submitted additional medical evidence. By decision dated February 2, 1998, an Office hearing representative found that appellant's attending physician had made a compelling case that the extent of appellant's injury-related condition had changed and that further development of the medical evidence was required. Following referral of appellant for a second opinion evaluation, the Office, by decision dated June 9, 1998, found that the evidence failed to support a causal relation of the claimed period of disability beginning February 27, 1997 to appellant's accepted condition. Appellant requested a hearing, and submitted additional factual and medical evidence. By decision dated April 12, 1999, an Office hearing representative found that appellant had not met her burden of proof to establish a recurrence of disability.

The Board finds that the case is not in posture for a decision, due to an unresolved conflict of medical opinion.

Appellant's attending physician, Dr. Mridula Prasad, a neurologist, stated in a January 12, 1998 report:

"EMG (electromyogram) nerve conductions were performed on November 6, 1997 and confirmed presence of bilateral carpal tunnel syndrome, worse on the right. [Appellant] ... was advised to avoid repetitive stress at work and to consider surgical evaluation for carpal tunnel release by a hand surgeon. The fact that her symptoms worsened in March of 1997, following change in her job description, suggests that her recent worsening of symptomatology is related to repetitive stress injury. This injury has worsened her preexistent carpal tunnel syndrome which was symptomatic all these years but bearable as a result of restricted activity but which is now accelerated and causing worse symptoms."

In a report dated April 14, 1998, the Office's referral physician, Dr. Hilliard E. Slavick, a neurologist, stated:

"It is my impression that she has subjective complaints of hand pain and upper extremity discomfort without any objective signs on neurologic exam[ination] One would expect, after a prolonged, chronic, carpal tunnel syndrome bilaterally to have pain solely within the carpal tunnel distribution, atrophy, weakness and loss of sensation. None of this is present. EMG studies are not convincing with distal sensory and motor median nerve latencies being just slightly abnormal. No denervation was ever found on the needle studies of her EMG studies."

* * *

"I feel that she has multiple complaints concerning the activities of her occupation but I am uncertain as to how these impact on her condition given the fact that I do not believe she suffers from a carpal tunnel syndrome either unilaterally or bilaterally, at this time, based upon my examination of April 14, 1998."

In a report dated May 21, 1998, Dr. Slavick reported that an EMG he did on May 19, 1998 was normal with no evidence of carpal tunnel syndrome. Dr. Slavick stated that he was uncertain if appellant ever had carpal tunnel syndrome, that she had no objective physical findings to conclude that she has carpal tunnel syndrome and that "she could return to her normal duty work with no restrictions at this time."

In a report dated November 13, 1998, Dr. Prasad stated:

"I understand that [appellant's] claim for compensation benefit has been disallowed on the basis of [the] evaluation performed by Dr. Slavick.

"Please note that [appellant] has pain and numbness in her hands, wrists, forearms and elbows bilaterally. She has had these symptoms since 1985. My examination

has revealed presence of positive Tinel's sign at carpal tunnel bilaterally and impairment of pin sensation in median distribution bilaterally, more marked on the left. Thenar muscles show mild weakness and atrophy. EMG-NCV (nerve conduction velocity) showed relative prolonged median sensory latencies bilaterally when compared to ulnar and radial latencies.

“Please note that there is no universally agreed upon standard for the diagnosis of carpal tunnel syndrome or method of grading the severity of carpal tunnel syndrome. Many findings from the history and physical examination have limited diagnostic utility. A combination of clinical and EDX (electrodiagnostic) findings should be used rather than the clinical or EDX examination alone. The newer nerve conduction techniques are more sensitive for the diagnosis of carpal tunnel syndrome; however, there are still false negative results. In the majority of cases, a careful history and examination are sufficient to make presumptive diagnosis of carpal tunnel syndrome.

“In [appellant's] case history, clinical examination and nerve conduction studies all point to the diagnosis of bilateral carpal tunnel syndrome. Please reconsider her claim.”

The reports of Drs. Prasad and Slavick were based on an accurate history and on a thorough examination. Both interpreted the findings on EMG and nerve conduction studies, and the opinions of these physicians conflict on the question of whether appellant had carpal tunnel syndrome. Although neither doctor directly addressed the issue in this case -- whether appellant was disabled beginning February 27, 1997 -- another of appellant's attending physicians, Dr. William W. Forgey, stated in reports dated March 10, June 27 and July 29, 1997 that appellant was unable to work due to her carpal tunnel syndrome. As there is a conflict of medical opinion on the question of whether appellant had this condition, the case will be remanded, pursuant to section 8123(a) of the Federal Employees' Compensation Act,¹ to an appropriate medical specialist for a reasoned medical opinion whether appellant was disabled beginning February 27, 1997 by employment-related carpal tunnel syndrome. After obtaining a report from this impartial medical specialist, the Office should issue an appropriate decision.

¹ 5 U.S.C. § 8123(a) states in pertinent part “If there is disagreement between the physician making the examination for the United States and the physician of the employee, the Secretary shall appoint a third physician who shall make an examination.”

The decision of the Office of Workers' Compensation Programs dated April 12, 1999 is set aside and the case remanded to the Office for action consistent with this decision of the Board.

Dated, Washington, DC
October 25, 2000

David S. Gerson
Member

Willie T.C. Thomas
Member

Valerie D. Evans-Harrell
Alternate Member