

U. S. DEPARTMENT OF LABOR

Employees' Compensation Appeals Board

In the Matter of BARBARA AMBROSE and U.S. POSTAL SERVICE,
POST OFFICE, New Orleans, LA

*Docket No. 01-216; Submitted on the Record;
Issued August 15, 2001*

DECISION and ORDER

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

The issue is whether appellant has established that she developed reflex sympathetic dystrophy and depression on or about June 30, 1999 causally related to her federal employment.

On March 6, 2000 appellant, then a 43-year-old modified clerk, filed an occupational disease claim alleging that she developed reflex sympathetic dystrophy and depression on or about June 30, 1999 causally related to her employment.¹ Appellant did not stop work.

In a letter dated April 6, 2000, the Office of Workers' Compensation Programs requested that appellant submit additional factual and medical evidence regarding the claim.

The Office received various narrative statements, which, mostly stated that appellant felt mistreated in her modified position of general clerk which caused her stress and depression, and that her physical duties aggravated her reflex sympathetic dystrophy condition. The Office further received treatment notes from a psychotherapist dated from May 1998 to May 2000 which discussed symptoms that appellant had experienced due to carpal tunnel syndrome, reflex sympathetic dystrophy and depression.

In a report dated May 20, 1999, Dr. Georgana Leavesley, a clinical psychologist, indicated that appellant had sought treatment for major depression and chronic pain since May 1998 related to work. In a medical report dated June 24, 1998, Dr. Brian Naccari, a Board-certified internist, indicated that appellant was first seen with anxiety on April 14, 1998 and had been previously diagnosed with carpal tunnel syndrome in March 1997. In a report dated

¹ The Board notes that appellant had filed a previous claim (160298625) for an injury sustained March 7, 1997, which was accepted by the Office for bilateral carpal tunnel syndrome. She accepted a permanent modified clerk position on April 14, 1998 in accordance with physical restrictions. Appellant also filed two separate claims for stress related to the modified position, one of which was denied (160318151) and the other being developed by the Office (160347690).

July 22, 1999, Dr. Joseph Crapanzano, a Board-certified anesthesiologist who also specializes in pain management, noted that appellant had just undergone testing which returned with findings consistent with reflex sympathetic dystrophy. In a radiology report dated July 22, 1999, a triple phase radionuclide scan of the hands and wrists was reviewed which confirmed bilateral reflex sympathetic dystrophy. In a medical report dated July 28, 1999, Dr. Harold Stokes, a Board-certified orthopedic surgeon, stated: "It appears that my initial impression of this patient, that she had reflex sympathetic dystrophy, is correct." In a report dated May 3, 2000, Dr. Leavesley provided information regarding appellant's depression and chronic pain. She reported that appellant's chronic pain presented stress in her life; as she was unhappy with being unable to do many tasks, irritated and drained by the effort of coping with her pain and upset with her loss of function and comfort. Dr. Leavesley further stated:

"To further clarify the connection of these problems to her work, I make the following statement. [Appellant] developed carpal tunnel syndrome and reflex sympathetic dystrophy as a result of her work for the postal service (as documented in her medical records). This medical condition has markedly changed her life and led to depression, chronic pain, severe stress and depletion of her quality of life and self-esteem. The subsequent actions of the postal service in response to her injured status have increased her physical pain, her level of stress and demoralization and her level of depression."

By decision dated September 15, 2000, the Office denied appellant's claim on the grounds that the evidence submitted was insufficient to establish a causal relationship between the employment factor and the medical conditions asserted in the claim.

The Board finds that appellant has not established that she developed reflex sympathetic dystrophy and depression on or about June 30, 1999 causally related to her federal employment.

An employee seeking benefits under the Federal Employees' Compensation Act² 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 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) a factual statement identifying employment factors alleged to have caused or contributed to the presence or occurrence of the disease or condition; (2) medical evidence establishing the presence or existence of the disease

² 5 U.S.C. §§ 8101-8193.

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

⁴ *David M. Ibarra*, 48 ECAB 218 (1996).

or condition, for which compensation is claimed; 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.⁵ Neither the fact that the condition became apparent during a period of federal employment, nor the belief of appellant that the condition was caused or aggravated by his federal employment, is sufficient to establish causal relation.⁶

In this case, appellant has established that she developed reflex sympathetic dystrophy. However, appellant has failed to meet her burden of proof in establishing through medical evidence that her condition was caused by employment factors. Causal relationship is a medical issue, which requires a physician to explain how or why he or she believes that the accident, incident, or work factor caused or affected the physical condition, and the objective findings that support that conclusion.

In a triple phase radionuclide scan of appellant's hands and wrists performed on July 22, 1999, appellant was diagnosed with reflex sympathetic dystrophy. In medical reports dated July 28, 1999, Dr. Crapanzano and Dr. Stokes reiterated the test findings and confirmed the diagnosis of reflex sympathetic dystrophy. However, neither physician explained whether reflex sympathetic dystrophy is a residual of carpal tunnel surgery, or developed in combination with appellant's limited-duty work activity following surgery and return to work. The conclusions offered in their reports simply fail to address how appellant's reflex sympathetic dystrophy is related in any manner to the accepted carpal tunnel syndrome or surgery or subsequent work activity. Dr. Leavesley's statement that appellant's reflex sympathetic dystrophy and stress condition is related to employment factors insufficient to establish appellant's claim, as she did not provide medical rationale revealing how the condition is related.⁷ Although there is an indication that appellant was suffering from an emotional condition of depression prior to this claim in 1998, the Board notes that the Office did not accept a psychiatric component. Further, the evidence provided by Dr. Leavesley and in other reports regarding appellant's depression appears to be duplicative of evidence submitted on a prior stress claim, which was denied by the Office.⁸ The conclusions offered in the psychotherapist notes are further deficient. The opinion of a licensed certified psychotherapist is not the opinion of a physician or clinical psychologist as defined under the Act and therefore does not constitute a probative medical opinion.⁹

Thus, the medical evidence of record fails to establish a causal relationship between appellant's reflex sympathetic dystrophy and claimed depression and her federal modified duties.

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

⁶ *Manuel Garcia*, 37 ECAB 767 (1986).

⁷ See *George Randolph Taylor*, 6 ECAB 986, 988 (1954) (finding that a medical opinion not fortified by medical rationale is of little probative value).

⁸ Claim No. 160318151.

⁹ See 5 U.S.C. § 8101(2) (defining "physician").

Accordingly, the Board finds that appellant has not met her burden of proof and the Office properly denied her claim.

The decision of the Office of Workers' Compensation Programs dated September 15, 2000 is affirmed

Dated, Washington, DC
August 15, 2001

Michael J. Walsh
Chairman

David S. Gerson
Member

Willie T.C. Thomas
Member