

U. S. DEPARTMENT OF LABOR

Employees' Compensation Appeals Board

In the Matter of JOHN E. JOHNSON and DEPARTMENT OF THE ARMY,
DIRECTORATE OF PUBLIC WORKS, Fort Benning, GA

*Docket No. 01-319; Submitted on the Record;
Issued August 22, 2001*

DECISION and ORDER

Before MICHAEL J. WALSH, WILLIE T.C. THOMAS,
MICHAEL E. GROOM

The issue is whether appellant met his burden of proof to establish that he developed right carpal tunnel syndrome in the performance of duty.

The Board has duly reviewed the case record on appeal and finds that this case is not in posture for a determination of whether appellant developed right carpal tunnel syndrome in the performance of duty. Further development of the medical evidence is required.

An employee seeking benefits under the Federal Employees' Compensation Act¹ has the burden of proof to establish the essential elements of his claim.² When an employee claims that he sustained an injury in the performance of duty, he must submit sufficient evidence to establish that he experienced a specific event, incident or exposure occurring at the time, place and in the manner alleged. He must also establish that such event, incident or exposure caused an injury.³

In order to determine whether an employee sustained an injury in the performance of duty, the Office of Workers' Compensation Programs begins with an analysis of whether "fact of injury" has been established. Generally, "fact of injury" consists of two components which must be considered in conjunction with one another. The first component to be established is that the employee actually experienced the employment incident which is alleged to have occurred. The second component is whether the employment incident caused a personal injury and generally can be established only by medical evidence.⁴

¹ 5 U.S.C. §§ 8101-8193.

² See *Margaret A. Donnelley*, 15 ECAB 40 (1963).

³ See generally *John J. Carlone*, 41 ECAB 354 (1989); see also 5 U.S.C. § 8101(5) ("injury" defined); 20 C.F.R. §§ 10.5(a)(15), 10.5(a)(16) ("traumatic injury" and "occupational disease or illness" defined).

⁴ *John J. Carlone*, *supra* note 3.

On June 12, 2000 appellant, then a 38-year-old maintenance mechanic, filed a notice of occupational disease, Form CA-2, alleging that he developed right carpal tunnel syndrome due to overuse of his right hand in the performance of duty. Appellant stated that, approximately one year before, he had injured his left arm, causing him to exclusively use his right hand, and that approximately eight months prior to filing his claim, he began to experience symptoms of pain and numbness in his right hand. Appellant underwent carpal tunnel release surgery on July 25, 2000 and was released to light duty, with no use of the right hand.

By letter dated July 26, 2000, the Office informed appellant that the position description, narrative statement and medical progress notes submitted in support of his claim were insufficient to establish entitlement, and requested that appellant submit additional information, to include a rationalized medical report from his treating physician, explaining the nature of appellant's condition and its causal relationship, if any, to his employment duties. On August 16, 2000 appellant submitted a letter further describing the employment duties he felt had caused his right carpal tunnel syndrome. Appellant also submitted additional medical evidence in support of his claim.

In a decision dated September 15, 2000, the Office denied appellant's claim on the grounds that the record contained no well-rationalized medical evidence to establish that he had sustained an employment-related injury, as alleged.

It is undisputed that appellant's job duties involved frequent use of hand tools, and the medical evidence establishes that he developed right hand pain and sought medical attention for his complaints. The question therefore becomes whether the duties he performed at work caused or aggravated his right carpal tunnel syndrome for which he seeks compensation.

Causal relationship is a medical issue,⁵ and the medical evidence required to establish causal relationship, generally, is rationalized medical opinion evidence. Rationalized medical opinion evidence is medical evidence that includes a physician's rationalized opinion on whether there is a causal relationship between the claimant's diagnosed condition and the established incident or factor of employment. The opinion of the physician must be based on a complete factual and medical background of the claimant,⁶ must be one of reasonable medical certainty,⁷ and must be supported by medical rationale explaining the nature of the relationship between the diagnosed condition and the established incidents or factors of employment.⁸

The medical evidence of record consists of treatment notes and medical test results from appellant's treating physician, dating from June 13 through August 9, 2000. In his initial treatment note of record, dated June 19, 2000, Dr. David C. Rehak, a Board-certified orthopedic surgeon, noted that appellant complained of right hand numbness and pain of approximately eight months' duration, and reported tool use and other stressful use of his hand. Dr. Rehak

⁵ *Mary J. Briggs*, 37 ECAB 578 (1986).

⁶ *William Nimitz, Jr.*, 30 ECAB 567, 570 (1979).

⁷ *See Morris Scanlon*, 11 ECAB 384, 385 (1960).

⁸ *See William E. Enright*, 31 ECAB 426, 430 (1980).

diagnosed right carpal tunnel syndrome and indicated that appellant reported no previous injuries to his hand. In follow-up reports dated June 28, July 12 and 31 and August 9, 2000, Dr. Rehak documented appellant's progress both prior to and after his carpal tunnel release surgery, performed on July 25, 2000. Finally, the record contains an August 8, 2000 attending physician's report, Form CA-20, on which Dr. Rehak diagnosed right carpal tunnel syndrome, and indicated by check mark that this condition was caused or aggravated by appellant's employment. By way of explanation, Dr. Rehak wrote "using of tools and stressful use or working with the hand."

The medical record in this case lacks a well-reasoned narrative from a physician explaining how appellant's right carpal tunnel syndrome is causally related to his specific employment duties. Nonetheless, the Board finds that the medical reports submitted by appellant, taken as a whole, raise an inference of causal relationship, either direct or by aggravation, sufficient to require further development of the case record by the Office.⁹ Additionally, the Board notes that in this case the record contains no medical opinion contrary to appellant's claim and further notes that the Office did not seek advice from an Office medical adviser or refer the case to an Office referral physician for a second opinion. The Board will set aside the Office's September 15, 2000 decision and remand the case for further development of the medical evidence. Following such further development as may be necessary, the Office shall issue an appropriate final decision on appellant's claim.

⁹ See *John J. Carlone, supra* note 3 (finding that the medical evidence was not sufficient to discharge appellant's burden of proof but remanding the case for further development of the medical evidence given the uncontroverted inference of causal relationship raised).

The September 15, 2000 decision of the Office of Workers' Compensation Programs is set aside and the case remanded for further action consistent with this opinion.¹⁰

Dated, Washington, DC
August 22, 2001

Michael J. Walsh
Chairman

Willie T.C. Thomas
Member

Michael E. Groom
Alternate Member

¹⁰ Subsequent to the Office's final decision appellant submitted a September 25, 2000 narrative medical report from Dr. Rehak to the Office, and further submitted a copy of this report to the Board on appeal. The Board cannot consider this evidence on appeal, however, as it was not before the Office at the time of the final decision; *see Dennis E. Maddy*, 47 ECAB 259 (1995); 20 C.F.R. § 501.2(c).