

U. S. DEPARTMENT OF LABOR

Employees' Compensation Appeals Board

In the Matter of BEATRICE E. MARSHALL and DEPARTMENT OF VETERANS AFFAIRS,
VETERANS ADMINISTRATION MEDICAL CENTER, St. Louis, MO

*Docket No. 00-2479; Submitted on the Record;
Issued July 24, 2001*

DECISION and ORDER

Before DAVID S. GERSON, BRADLEY T. KNOTT,
A. PETER KANJORSKI

The issue is whether appellant has met her burden of proof to establish that she developed carpal tunnel syndrome in the performance of duty.

On September 29, 1999 appellant, then a 38-year-old housekeeping aide, filed a notice of occupational disease alleging that she developed right carpal tunnel syndrome as a result of wiping down beds, lifting heavy mattresses, doors, laundry bags and trash bags, and mopping and sweeping. She did not stop work.

In narrative statements submitted in support of her claim, appellant stated that she had worked as a housekeeping aide for 24 hours a week for one and a half years, and that she first began experiencing pain in her right hand in September 1999, at which time she was diagnosed with carpal tunnel syndrome. She also stated that she did not have any strenuous hobbies but did perform regular household chores for her mother.

By letter dated October 18, 1999, the Office of Workers' Compensation Programs requested additional medical and factual evidence from appellant stating that the initial information submitted was insufficient to establish that she developed a medical condition in the performance of duty. In response to the Office's request, appellant submitted copies of emergency room treatment notes dated May 1, 1999 from Barnes-Jewish Hospital, as well as treatment notes from her primary physician, Dr. Richard H. Gelberman, a Board-certified orthopedic surgeon.

In a decision dated February 1, 2000, the Office denied appellant's claim as the medical evidence was not sufficient to establish that appellant developed a right hand condition in the performance of duty, as required by the Federal Employees' Compensation Act.¹ The Office

¹ 5 U.S.C. §§ 8101-8193.

found that there was no medical evidence submitted which discussed the causal relationship between appellant's diagnosed carpal tunnel syndrome and her employment.

By letter dated February 8, 2000, appellant requested a review of the written record by an Office hearing representative.

By decision dated July 20, 2000 and finalized July 24, 2000, an Office hearing representative affirmed the Office's prior decision.

The Board finds that appellant has failed to establish that she developed carpal tunnel syndrome in the performance of duty 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 the 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.² These are the essential elements of each and every compensation claim regardless of whether the claim is predicated upon a traumatic injury or an occupational disease.³

In order to determine whether an employee actually sustained an injury in the performance of duty, the Office 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 or engaged in the employment activities alleged to have occurred.⁴ In this case, it is undisputed that appellant's job duties involved frequent hand and wrist motion while wiping, sweeping, cleaning, and mopping, and also involved lifting such heavy items as mattresses, laundry and trash bags. The record also establishes that in September 1999, appellant sought treatment for right hand pain.

The second component is whether the employment incident caused a personal injury and generally can be established only by medical evidence. To establish a causal relationship between the condition claimed, as well as any attendant disability and the employment incident or activity, the employee must submit rationalized medical opinion evidence, based on a complete factual and medical background, supporting such a causal relationship.⁵ Rationalized medical opinion evidence is medical evidence which includes a physician's rationalized opinion on the issue of whether there is a causal relationship between the claimant's diagnosed condition

² *Joe D. Cameron*, 41 ECAB 153 (1989); *Elaine Pendleton*, 40 ECAB 1143 (1989).

³ *Victor J. Woodhams*, 41 ECAB 345 (1989).

⁴ *Elaine Pendleton*, *supra* note 2.

⁵ *See* 20 C.F.R. § 10.110(a); *John M. Tornello*, 35 ECAB 234 (1983).

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. The weight of medical evidence is determined by its reliability, its probative value, its convincing quality, the care of analysis manifested and the medical rationale expressed in support of the physician's opinion.⁶

In this case, while it is not disputed that appellant's employment duties involved frequent movements of the hands a wrists and that in September 1999 she was diagnosed with carpal tunnel syndrome, the medical evidence is insufficient to establish that appellant's employment duties caused her diagnosed condition. The medical evidence of record consists of a series of treatment notes from Dr. Richard H. Gelberman, appellant's primary physician, who's initial treatment notes dated November 20 and December 14, 1998, and April 19 and May 10, 1999 document appellant's complaints of left elbow pain and contain a diagnosis of left lateral epicondylitis. In addition, on May 10, 1999 appellant first complained of tingling and numbness in her right hand. Dr. Gelberman examined appellant for carpal tunnel syndrome, but all test results were negative. On September 13, 1999 he again examined appellant's right hand and listed his diagnosis as carpal tunnel syndrome. However, Dr. Gelberman did not offer any opinion as to the cause of this condition.

The record also contains treatment notes dated November 7 and 12, 1998, March 16 and May 1, 1999, completed by medical personnel of the emergency department of the Barnes-Jewish Hospital. These treatment notes document the treatment of appellant's left elbow and right hand pain, but do not contain any opinion or explanation as to the cause of the diagnosed conditions. The Board notes that as the record contains no medical evidence which contains a rationalized medical opinion on the causal relationship, if any, between appellant's work duties and her diagnosed right carpal tunnel syndrome, the medical evidence of record is insufficient to establish causal relationship,⁷ and, therefore, insufficient to meet appellant's burden of proof.

⁶ *James Mack*, 43 ECAB 321 (1991).

⁷ *Lucrecia M. Nielsen*, 41 ECAB 583, 594 (1991).

The decisions of the Office of Workers' Compensation Programs dated July 20, 2000 and finalized July 24, 2000 and February 1, 2000 are hereby affirmed.

Dated, Washington, DC
July 24, 2001

David S. Gerson
Member

Bradley T. Knott
Alternate Member

A. Peter Kanjorski
Alternate Member