U. S. DEPARTMENT OF LABOR

Employees' Compensation Appeals Board

In the Matter of MATTHEW WOTHERSPOON and DEPARTMENT OF THE INTERIOR, NATIONAL PARK SERVICE, Port Angeles, WA

Docket No. 00-2254; Submitted on the Record;
Issued June 18, 2001

DECISION and ORDER

Before MICHAEL J. WALSH, WILLIE T.C. THOMAS,
A. PETER KANJORSKI

The issue is whether appellant established that he sustained a recurrence of disability on or after January 26, 2000 that was causally related to his August 10, 1998 employment injury.

On August 10, 1998 appellant, then a 36-year-old maintenance worker, was injured in the performance of duty when he hit his left arm with a large metal pry bar. The Office of Workers' Compensation Programs accepted the claim for a left forearm contusion. Appellant lost no time from work due to his work injury.[1]

On February 9, 2000 appellant filed a claim for a recurrence of disability. He alleged that he developed loss of feeling in his left arm, which he attributed to the work injury of August 10, 1998.

Appellant was initially treated at the Forks Community Hospital emergency room for his work injury on August 11, 1998 by Dr. Gary Harmon, a Board-certified surgeon, for a left forearm contusion. It was noted that appellant denied numbness, tingling or weakness in the left arm, shoulder, wrist, elbow or hand. Appellant was prescribed an ace wrap, ice, elevation for 24 hours and medication.

In a July 1, 1999 treatment note, Dr. Harmon indicated that appellant complained of a few days of left arm tingling and hyperesthesias. He further noted that appellant described having several seconds of sharp chest pain prior to onset of the left arm numbness. Dr. Harmon's impression was left arm hyperesthesias, most likely due to cervical nerve irritation.

An x-ray of the cervical spine was performed on July 8, 1999 and revealed slight disc narrowing at C5-6 with degenerative changes. Ventriculoperitoneal shunt was shown on the left.

[1] Appellant has a prior history of ventriculoperitoneal (VP) shunt placement in 1992 for a benign cyst. The VP runs down the left side of appellant's neck, chest to a subcutaneous pocket in the epigastric area.

In a letter dated March 2, 2000, the Office informed appellant of the nature of the factual and medical evidence necessary to support his claim for recurrence of disability.

In a treatment note dated February 2, 2000, Dr. Maxwell indicated that appellant had been recently diagnosed with diabetes and complained that "over the past month he has developed initially intermittent and now continuous numbness and weakness in his hands along the ulnar aspect." He stated that appellant could not recall a specific injury or trauma that had preceded or precipitated his symptoms of numbness and tingling of the hands. He noted that appellant's symptoms were consistent with ulnar neuropathy

On February 22, 2000 appellant was seen by Dr. Robert P. Watkins, a Board-certified orthopedic surgeon, for complaints of persistent numbness in the left ring and little fingers. Dr. Watkins noted appellant's history of work injury and reported that appellant had experienced "several episodes of numbness occurring and then clearing up on its own with overuse."

In an April 14, 2000 report, Dr. Michel Kliot, a Board-certified neurologist, noted that two years ago appellant injured his left elbow region when a metal pipe hit the region "quite forcefully." Dr. Kloit related:

> "He experienced a great deal of soreness following this incident. In addition, he found that the ulnar aspect of his left forearm and fourth and fifth fingers would feel as if they were going to sleep following vigorous activities. These dysesthesias have persisted. They interfere with his ability to perform many of his work activities. He has noticed some left hand weakness, as well as a reduction in left hand dexterity. Cold weather seems to exacerbate his symptoms and causes quite a bit of pain."

Dr. Kliot noted physical findings and referenced the results of a magnetic resonance image and electrodiagnostic study performed on March 28, 2000. He diagnosed that appellant had a severe grade of left ulnar neuropathy secondary to entrapment across the elbow, for which he recommended surgery. Dr. Kloit advised that appellant should avoid vigorous and repetitive activities involving his left upper extremity. He did not address the issue of causal relationship.

In a decision dated May 25, 2000, the Office denied compensation on the grounds that appellant failed to establish a causal relationship between his disability on January 26, 2000 and the employment injury of August 10, 1998.

The Board finds that appellant failed to establish that he sustained a recurrence of disability on or after January 26, 2000 that was causally related to his August 10, 1998 employment injury.

An employee who claims a recurrence of disability due to an accepted employment-related injury has the burden of establishing by the weight of the substantial, reliable and probative evidence that the disability for which he claims compensation is causally related to the accepted injury. This burden of proof requires that a claimant furnish medical evidence from a physician who, on the basis of a complete and accurate factual and medical history, concludes

that the disabling condition is causally related to the employment injury and supports that conclusion with sound medical reasoning.[2]

In this case, the Office accepted that appellant sustained a left forearm contusion on August 10, 1998. Appellant received a brief period of medical treatment and did not miss any time from work. At the time of his work injury, he denied complaints of left forearm numbness or tingling. Appellant subsequently filed a notice of recurrence of disability on February 9, 2000 alleging that he experienced numbness in his left arm, which he attributed to his work injury.

The Board finds that the medical evidence of record fails to support appellant's claim for a recurrence of disability as there is no rationalized medical opinion that states that appellant's left ulnar neuropathy is causally related to his left forearm contusion on August 10, 1998. Appellant has been diagnosed with a left ulnar neuropathy but the etiology of that condition is unclear. He claims that his symptoms have been persistent since August 10, 1998 but he was only first treated for numbness and tingling in his left arm in July 1999, at which time it was also noted that he complained of chest pain. Neither Drs. Kliot, Watkins nor Maxwell have offered an opinion on causal relationship.

There is also a question presented in the record as to whether appellant's symptoms are due to a cervical problem. The July 8, 1999 cervical x-ray shows evidence of cervical degenerative disc narrowing. This finding is significant as Dr. Harmon diagnosed that appellant suffered from left arm hyperesthesias most likely due to a cervical nerve irritation. The physicians of record have also failed to discuss the significance of appellant's VP shunt, which extends down the left side of his neck and chest. As this VP shunt transverses in the cervical region, some discussion is required as to whether it is a causal factor in appellant's symptoms of tingling and numbness of the left arm.

In the absence of a reasoned medical opinion attributing appellant's left arm condition to his work injury, appellant has failed to carry his burden of proof of establishing that he sustained a recurrence of disability. Therefore, the Office properly denied compensation.

[2] *Dennis J. Lasanen*, 43 ECAB 549 (1992); *Robert H. St. Onge*, 43 ECAB 1169 (1992).

The decision of the Office of Workers' Compensation Programs dated May 25, 2000 is hereby affirmed.

Dated, Washington, DC
June 18, 2001

Michael J. Walsh
Chairman

Willie T.C. Thomas
Member

A. Peter Kanjorski
Alternate Member