

U. S. DEPARTMENT OF LABOR

Employees' Compensation Appeals Board

In the Matter of SYLVIA L. STEPHENS and U.S. POSTAL SERVICE,
POST OFFICE, Washington, DC

*Docket No. 00-2754; Submitted on the Record;
Issued September 26, 2001*

DECISION and ORDER

Before DAVID S. GERSON, BRADLEY T. KNOTT,
PRISCILLA ANNE SCHWAB

The issue is whether appellant sustained a recurrence of disability on December 22, 1999.

On September 15, 1995 appellant, then a 43-year-old clerk, filed a claim alleging that she injured her left thumb and back lifting mail sacks. The Office of Workers' Compensation Programs accepted appellant's claim for low back and left thumb sprains and paid appropriate compensation. Appellant did not stop work, but returned to a limited-duty position and then resumed her regular duties.

On January 7, 2000 appellant filed a notice of recurrence of disability, stating that her left hand had started hurting again. Appellant did not stop work.

By letter dated March 15, 2000, the Office requested that appellant submit additional factual and medical evidence to support her claim.

In response to the Office's request appellant submitted a duty status report dated January 27, 1999 from Dr. William Launder, a Board-certified orthopedic surgeon; progress notes from Dr. Reva S. Gill, a Board-certified internist; progress notes from Dr. David Dorin, a Board-certified orthopedic surgeon; multiple disability certificates prepared by Dr. Dorin and Dr. Gill from February to March 2000; and several duty status reports prepared by Dr. Dorin from March 2000. Dr. Launder indicated that appellant was totally disabled from November 1, 1999 until after surgery, but did not discuss what type of surgery was being performed.

The progress notes from Dr. Gill noted that appellant experienced palpable pain in her wrist, but the Phalen's sign was negative. Dr. Gill's February 7, 2000 note indicated that appellant's back condition was resolving, but she still experienced pain in her wrist.

The progress notes from Dr. Dorin dated February 29, 2000 indicated that appellant was being treated for left wrist pain, which began around December 1, 1999. Dr. Dorin added that any attempt at active or passive extension of the thumb aggravated appellant's symptoms but that

x-rays taken on February 1, 2000 revealed no abnormalities. Dr. Dorin diagnosed de Quervain's tenosynovitis. The multiple disability certificates prepared by Drs. Dorin and Gill from February to March 2000 indicated that appellant was to limit the use of her left hand, with a lifting restriction of 10 pounds.

In a decision dated May 9, 2000, the Office denied appellant's claim on the grounds that the evidence failed to demonstrate that the claimed recurrence was causally related to the accepted work-related injury.

The Board finds that the evidence fails to establish that appellant sustained a recurrence of disability as a result of her September 14, 1995 employment injury.

Where an employee claims a recurrence of disability due to an accepted employment-related injury, he has the burden of establishing by the weight of reliable, probative and substantial evidence that the recurrence of disability is causally related to the original injury.¹ This burden includes the necessity of furnishing evidence from a qualified physician who, on the basis of a complete and accurate factual and medical history, concludes that the condition is causally related to the employment injury.² Moreover, the physician's conclusion must be supported by sound medical reasoning.³

The medical evidence must demonstrate that the claimed recurrence was caused, precipitated, accelerated or aggravated by the accepted injury.⁴ In this regard, medical evidence of bridging symptoms between the recurrence and the accepted injury must support the physician's conclusion of a causal relationship.⁵ While the opinion of a physician supporting causal relationship need not be one of absolute medical certainty, the opinion must not be speculative or equivocal. The opinion should be expressed in terms of a reasonable degree of medical certainty.⁶

The medical record in this case lacks a well-reasoned narrative from appellant's physician relating appellant's claimed recurrent condition to the September 14, 1995 employment injury. Dr. Dorin indicated that appellant was being treated for left wrist pain, which began around December 1, 1999 and diagnosed de Quervain's tenosynovitis. The

¹ *Robert H. St. Onge*, 43 ECAB 1169 (1992).

² Section 10.121(b) of the Code of Federal Regulations provides that when an employee has received medical care as a result of the recurrence, he or she should arrange for the attending physician to submit a detailed medical report. The physician's report should include the dates of examination and treatment, the history given by the employee, the findings, the results of x-ray and laboratory tests, the diagnosis, the course of treatment, the physician's opinion with medical reasons regarding the causal relationship between the employee's condition and the original injury, any work limitations or restrictions, and the prognosis. 20 C.F.R. § 10.121(b).

³ See *Robert H. St. Onge*, *supra* note 1.

⁴ Federal (FECA) Procedure Manual, Part 2 -- Claims, *Causal Relationship*, Chapter 2.805.2 (June 1995).

⁵ For the importance of bridging information in establishing a claim for a recurrence of disability, see *Robert H. St. Onge*, *supra* note 1; *Shirloyn J. Holmes*, 39 ECAB 938 (1988); *Richard McBride*, 37 ECAB 738 (1986).

⁶ See *Morris Scanlon*, 11 ECAB 384, 385 (1960).

March 14 and April 11, 2000 notes indicated that appellant still experienced pain along the dorsal and radial sides of her wrist. The duty status reports prepared by Dr. Dorin from March 2000 indicated that appellant sustained a “left hand injury” on September 14, 1995 which resulted in appellant developing de Quervain’s tenosynovitis. While Dr. Dorin supported a causal relationship in these reports he provided no medical reasoning or rationale to explain such opinion. There is no “bridging evidence” which would relate appellant’s hand condition or de Quervain’s tenosynovitis to the accepted employment injury. Dr. Dorin did not explain how the accepted injuries were exacerbated by employment factors to result in a hand injury or de Quervain’s tenosynovitis. The Office never accepted either of these conditions as resulting from the September 14, 1995 work injury and there is no medical evidence to support such a conclusion.⁷ The Board has found that vague and unrationalized medical opinions on causal relationship have little probative value.⁸

Additionally, none of Dr. Dorin’s reports provided a history of appellant’s injury. He indicated in his February 29, 2000 report that appellant was complaining of pain in her left wrist for the past several months but he never found the wrist condition due to an employment-related injury. The Board has held that a medical opinion based on an incomplete history is insufficient to establish causal relationship.⁹

Other treatment notes from Dr. Launder or Dr. Gill did not specifically address any causal relationship between appellant’s accepted injuries and her claimed recurrence of disability or condition. The remainder of the medical evidence fails to support that appellant sustained a recurrence of disability or a medical condition beginning on December 22, 1999 causally related to the accepted employment injury of September 14, 1995.

⁷ See *Arthur N. Meyers*, 23 ECAB 111, 113 (1971) (where the Board found a physician’s opinion to be of diminished probative value where the physician’s opinion in support of causal relationship was based on a history of injury that was not corroborated by the contemporaneous medical history contained in the case record).

⁸ See *Theron J. Barham*, 34 ECAB 1070 (1983).

⁹ See *Cowan Mullins*, 8 ECAB 155, 158 (1955).

The May 9, 2000 decision of the Office of Workers' Compensation Programs is affirmed.

Dated, Washington, DC
September 26, 2001

David S. Gerson
Member

Bradley T. Knott
Alternate Member

Priscilla Anne Schwab
Alternate Member