U. S. DEPARTMENT OF LABOR

Employees' Compensation Appeals Board

In the Matter of CARMEN SANDOMENICO and U.S. POSTAL SERVICE,
POST OFFICE, Jersey City, NJ

Docket No. 02-1800; Submitted on the Record;
Issued December 3, 2002

DECISION and ORDER

Before ALEC J. KOROMILAS, COLLEEN DUFFY KIKO,
DAVID S. GERSON

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

On January 19, 2001 appellant, then a 53-year-old clerk, filed a notice of occupational disease and claim for compensation (Form CA-2), alleging that his left arm condition was employment related. Appellant stated that he first became aware of his condition on October 2, 2000.

In a letter dated February 28, 2001, the Office of Workers' Compensation Programs advised appellant of the type of factual and medical evidence needed to establish his claim and requested that he submit such evidence. The Office particularly requested that appellant submit a physician's reasoned opinion addressing the relationship of his claimed condition and specific employment factors.

Appellant submitted an electromyograph (EMG) study dated January 10, 2001, treatment notes from Dr. Wayne J. Altman, a Board-certified orthopedist, dated January 15 to May 31, 2001, two magnetic resonance imaging (MRI) scans dated February 20 and 28, 2001 and a disability certificate dated June 18, 2001. The EMG study dated January 10, 2001, revealed bilateral median neuropathy at the wrist representing carpal tunnel syndrome. The treatment notes from Dr. Altman dated January 15 to May 31, 2001, indicated that appellant was treated for pain throughout his arms. He diagnosed appellant initially with cervical radiculitis and then after the results of the EMG study indicated that appellant had carpal tunnel syndrome. He treated appellant conservatively with injections and a wrist extension support. Dr. Altman noted a work restriction of no lifting greater than 35 pounds, from March to April 2001. In his note dated April 30, 2001, Dr. Altman diagnosed appellant with mild flexor tenosynovitis and carpal tunnel syndrome and recommended appellant refrain from work requiring repetitive use of his hands or wrist. His report of May 31, 2001, noted that positive Phalen's test on both right and left sides with pain on both sides. Dr. Altman recommended appellant stop doing the type of work he was doing or he would require carpal tunnel releases in the future. The MRI scan of the

left elbow dated February 28, 2001, revealed no abnormalities but suggested tendinitis. The MRI scan of the left upper extremity revealed a partial tear of the rotator cuff and bursitis. The disability certificate dated June 18, 2001, noted that permanent restrictions of no repetitive use of the hand or wrist and no lifting over 10 to 15 pounds.

On July 28, 2001 the Office issued a decision and denied appellant's claim for compensation under the Federal Employees' Compensation Act.[1] The Office found that the medical evidence was not sufficient to establish that his medical condition was caused by employment factors.

On August 23, 2001 appellant requested reconsideration and submitted a report from Dr. Altman dated August 20, 2001. His report noted that appellant's work duties and the fact that he was asymptomatic before performing the work duties was proof that his symptomology of carpal tunnel syndrome was secondary to his employment as a postal clerk.

In a decision dated November 14, 2001, the Office denied appellant's request for reconsideration on the grounds that the evidence submitted in support of the application was insufficient to warrant modification of the prior decision.

On February 20, 2002 appellant requested reconsideration and submitted various medical records, many of which were duplicates. Appellant submitted two operative reports dated July 10 and October 16, 2001, a treatment note from Dr. Chris Mattheous, an internist, dated July 19, 2001 and treatment notes from Dr. Altman dated September 11, 2001 to February 6, 2002. The operative reports dated July 10 and October 16, 2001, noted that appellant underwent two carpal tunnel releases. The treatment note from Dr. Mattheous documented appellant's postsurgical care for his carpal tunnel release surgery. The treatment notes from Dr. Altman dated September 11, 2001 to February 6, 2002, indicated that appellant was performing sorting duties at work and still experienced symptoms of his right carpal tunnel syndrome. Dr. Altman's report of February 6, 2002, noted a history of appellant's treatment indicating that he presented on January 3, 2001 with pain in both arms and elbows. He noted that appellant was a postal worker. Dr. Altman diagnosed appellant with carpal tunnel syndrome and recommended extension splints for his wrists. He noted that treating appellant conservatively with corticosteroid injections and noted that appellant should stop doing the type of work he was doing. In July and October 2001 appellant underwent carpal tunnel release surgery. Dr. Altman opined that appellant had bilateral overuse syndrome which manifested itself as carpal tunnel syndrome. He noted that there was no other exposure factors, other than his clerk work, which he performed for prolonged periods of time. Dr. Altman noted that appellant's condition was related to his work in the post office.

In decision dated May 2, 2002, the Office denied appellant's request for reconsideration on the grounds that the evidence submitted in support of the application was insufficient to warrant modification of the prior decision.

The Board finds that appellant has not met his burden of proof in establishing that he developed carpal tunnel syndrome in the performance of duty.

[1] 5 U.S.C. §§ 8101-8193.

An employee seeking benefits under the Act has the burden of establishing the essential elements of his or his 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]

To establish that an injury was sustained in the performance of duty in an occupational disease claim, a claimant must submit the following: (1) medical evidence establishing the presence or existence of the disease or condition for which compensation is claimed; (2) factual statement identifying employment factors alleged to have caused or contributed to the presence or occurrence of the disease or condition; 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 claimant. The medical evidence required to establish causal relationship is generally rationalized medical opinion evidence. 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 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.[4]

In the instant case, it is not disputed that appellant was a clerk. However, he has not submitted sufficient medical evidence to support that a condition has been diagnosed in connection with the employment factor and that any alleged hand injury is causally related to the employment factors or conditions. In a letter dated February 28, 2001, the Office advised appellant of the type of factual and medical evidence needed to establish his claim. Appellant submitted various reports from his treating physician, Dr. Altman dated January 15, 2001 to February 6, 2002. The treatment notes from Dr. Altman dated January 15 to May 31, 2001, noted that appellant was treated for pain throughout his arms. He diagnosed appellant initially with cervical radiculitis and then after the results of the EMG study indicated that appellant had carpal tunnel syndrome. He treated appellant conservatively with injections and a wrist extension support. Dr. Altman recommended appellant refrain from work requiring repetitive use of his hands or wrist. These reports documented appellant's continued carpal tunnel symptomology, however, Dr. Altman did not address how specific employment factors may have caused or aggravated his hand condition he merely noted that appellant was employed as a clerk. His report of August 20, 2001 noted that "when one takes into account the type of work that

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

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

[4] *Id.*

[appellant] does and the fact that he has a completely benign medical history, then it is obvious that his symptomology of carpal tunnel syndrome is secondary to his employment as a postal clerk." The Board has held that an opinion that a condition is causally related to an employment injury because the employee was asymptomatic before the injury is insufficient, without supporting rationale, to support a causal relationship.[5]

Dr. Altman's report of February 6, 2002, noted that a history of treatment of appellant's condition indicating that he presented on January 3, 2001 with pain in both arms and elbows. He noted that appellant was a postal worker and should "stop doing the type of work he was doing." However, Dr. Altman did not address how specific employment factors may have caused or aggravated his hand condition he merely noted that appellant was employed as a clerk. He noted that there was no other exposure factors, other than his clerk work, which he performed for prolonged periods of time. Dr. Altman's report's did not note the employment factors or job duties believed to have caused or contributed to appellant's hand condition,[6] nor did he include a rationalized opinion regarding the causal relationship between appellant's bilateral hand condition and the factors of employment believed to have caused or contributed to such condition.[7] Rather, he made vague references to appellant's job as a clerk without addressing the specific duties which may have led to appellant's condition. Dr. Altman further noted "his problem is directly related to his work in the post office." Although Dr. Altman's opinion somewhat supports causal relationship in a conclusory statement, he provided no medical reasoning or rationale to support his opinion. The Board has found that vague and unrationalized medical opinions on causal relationship have little probative value.[8] Therefore, this report is insufficient to meet appellant's burden of proof.

The remainder of the medical evidence fails to provide an opinion on the causal relationship between this incident and appellant's diagnosed condition. For this reason, this evidence is not sufficient to meet appellant's burden of proof.

An award of compensation may not be based on surmise, conjecture or speculation. Neither the fact that appellant's condition became apparent during a period of employment nor the belief that his condition was caused, precipitated or aggravated by his employment is sufficient to establish causal relationship.[9] Causal relationships must be established by

[5] *Kimper Lee*, 45 ECAB 565 (1994).

[6] *See Cowan Mullins*, 8 ECAB 155, 158 (1955) (where the Board held that a medical opinion based on an incomplete history was insufficient to establish causal relationship).

[7] *See Theron J. Barham*, 34 ECAB 1070 (1983) (where the Board found that a vague and unrationalized medical opinion on causal relationship had little probative value).

[8] *Id.*

[9] *See Victor J. Woodhams, supra* note 3.

rationalized medical opinion evidence. Appellant failed to submit such evidence and the Office, therefore, properly denied appellant's claim for compensation.[10]

The May 2, 2002, November 14 and July 28, 2001 decisions of the Office of Workers' Compensation Programs are hereby affirmed.

Dated, Washington, DC
December 3, 2002

Alec J. Koromilas
Member

Colleen Duffy Kiko
Member

David S. Gerson
Alternate Member

[10] With his appeal appellant submitted additional evidence. However, the Board may not consider new evidence on appeal; *see* 20 C.F.R. § 501.2(c). This decision does not preclude appellant from submitting new evidence to the Office and request reconsideration pursuant to 5 U.S.C. § 8128(a).