U. S. DEPARTMENT OF LABOR

Employees' Compensation Appeals Board

In the Matter of RAMONITA GERENA and U.S. POSTAL SERVICE,
POST OFFICE, Lares, PR

Docket No. 02-1950; Submitted on the Record;
Issued December 24, 2002

DECISION and ORDER

Before COLLEEN DUFFY KIKO, WILLIE T.C. THOMAS,
MICHAEL E. GROOM

The issue is whether appellant sustained a recurrence of disability causally related to her accepted work injury.

Appellant, then a 38-year-old distribution clerk, filed an occupational claim on January 16, 2000 alleging that she developed right elbow and shoulder pain, which disabled her in December 1999. The Office of Workers' Compensation Programs accepted her claim for tendinitis of the right shoulder and elbow. Appellant returned to limited duty on November 2, 2000 following right elbow surgery on July 12, 2000. She filed a recurrence of disability claim on November 17, 2000 alleging discomfort in her right upper extremity in lifting. Appellant added that her right arm was "very sensitive" to the cold atmosphere at the employing establishment.

On January 3, 2001 the Office asked appellant for factual and medical information to support her claim. The Office explained that she needed to submit evidence showing that either the requirements of her limited-duty job had changed or that her work-related condition had worsened so that she was unable to do the job.

On March 2, 2001 the Office denied appellant's claim on the grounds that the medical evidence she submitted was insufficient to establish that her disability was causally related to the accepted work injury. She requested reconsideration and submitted additional medical evidence. On May 17, 2002 the Office denied modification of its prior decision.

The Board finds that appellant failed to meet her burden of proof to establish a recurrence of disability causally related to her accepted work injury.

When an employee, who is disabled from the job he or she held when injured, returns to a limited- or light-duty position or the medical evidence establishes that the employee can perform the duties of such a position, the employee has the burden to establish by the weight of reliable,

probative and substantial evidence, a recurrence of total disability.[1] As part of this burden, the employee must show a change in the nature and extent of the light-duty job requirements or a change in the nature and extent of the injury-related condition.[2]

A recurrence of disability is defined as a spontaneous material change in the employment-related condition without an intervening injury.[3] A person who claims a recurrence of disability has the burden of establishing by the weight of the substantial, reliable and probative evidence that the disability for which she claims compensation is causally related to the accepted employment injury.[4] To meet this burden of proof, a claimant must 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.[5]

Causal relationship is a medical issue[6] and the medical evidence required to establish a causal relationship, generally, is rationalized medical evidence. This consists of a physician's rationalized medical opinion on the issue of whether there is a causal relationship between the claimant's diagnosed condition and the implicated employment factors.[7] The physician's opinion 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.[8]

In this case, the Office informed appellant of the type of evidence necessary to establish that either the requirements of her limited-duty job had changed or that her work-related condition had worsened, resulting in a recurrence of disability causally related to the accepted work injuries. Appellant submitted no evidence that the requirements of her limited-duty position had changed.

She provided form reports dated September 12 and December 19, 2000 and signed by Dr. Roberto A. Falva Rodriguez, a practitioner in rheumatology, who diagnosed right elbow epicondylitis and tendon impingement related to work activities. He found appellant to be totally disabled but, provided no rationale for his conclusion. Dr. Rodriguez stated that appellant

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[1] *Terry R. Hedman*, 38 ECAB 222 (1986).

[2] *Glenn Robertson*, 48 ECAB 344, 352 (1997).

[3] Federal (FECA) Procedure Manual, Part 2 -- Claims, *Recurrences*, Chapter 2.1500.3.b.(a)(1) (May 1997).

[4] *Kenneth R. Love*, 50 ECAB 193, 199 (1998).

[5] *Helen K. Holt*, 50 ECAB 279, 282 (1999).

[6] *Elizabeth Stanislav*, 49 ECAB 540, 541 (1998).

[7] *Duane B. Harris*, 49 ECAB 170, 173 (1997).

[8] *Gary L. Fowler*, 45 ECAB 365, 371 (1994).

"most likely" had a permanent limitation to extension of her upper right extremity with a limited range of motion and lifting of weights.

Appellant also provided form reports from Dr. Efrain D. Deliz, a Board-certified orthopedic surgeon, who released appellant to limited duty on February 1, 2001. He too indicated a causal relationship but provided no medical rationale. Without medical rationale, these form reports are insufficient to establish that appellant's recurrence of disability was causally related to the accepted work injury.[9]

In a May 4, 2001 report, Dr. Deliz diagnosed right elbow lateral epicondylitis, which dated back to December 1999. He described appellant's treatment and surgery of July 12, 2000 and noted that she continued to have pain after returning to limited duty in November 2000. Dr. Deliz opined that appellant's epicondylitis was probably due to micro repetitive trauma of the extensor mechanism of the wrist that originated in the elbow. He stated that the disability, reported as of November 14, 2000, was directly attributable to the December 15, 1999 work injury. On December 14, 2001 Dr. Deliz released appellant to full-time work with lifting restrictions and limitations on repetitive movements, sitting, walking and standing. While Dr. Deliz linked appellant's recurrence of disability to the December 15, 1999 work incident, he did not explain how appellant's condition had worsened or why the diagnosed epicondylitis was causally related to the accepted tendinitis condition, nor did he opine that her tendinitis condition had worsened.

With her request for reconsideration, appellant submitted a December 13, 2001 report from Dr. Deliz who stated that appellant continued to work with discomfort of her elbow and hand. Dr. Deliz noted that repetitive activities caused physical stresses leading to inflammation and pain. As long as appellant continued her present work duties, she would experience problems and her condition might worsen. He released her to work with the same restrictions.

While Dr. Deliz mentioned "work-related demands," he did not state that appellant's work duties had changed or that she was no longer capable of doing the job,[10] nor did he provide an opinion on whether appellant's current elbow condition was causally related to the

[9] *Calvin E. King*, 51 ECAB 394, 400 (2000) (numerous form reports from a physician who checked a "yes" box indicating a causal relationship between appellant's spinal stenosis and his employment had little probative value absent supporting rationale and was insufficient to establish causation).

[10] *See Kim Kilitz*, 51 ECAB 349, 354 (2000) (finding that two physician's reports did not establish that appellant's work-related condition had worsened to the point where he was disabled for his limited-duty assignment).

accepted tendinitis. Dr. Deliz stated that repetitive activities could lead to a worsening of the diagnosed condition but this statement does not establish that appellant had a recurrence of disability in early 2001.[11]

Because of the defects in the medical evidence, Dr. Deliz's reports are insufficiently rationalized to meet appellant's burden of proof in establishing that her current right arm condition is causally related to the tendinitis accepted as work related in 2000.[12]

The May 17, 2002 decision of the Office of Workers' Compensation Programs is affirmed.

Dated, Washington, DC
December 24, 2002

Colleen Duffy Kiko
Member

Willie T.C. Thomas
Alternate Member

Michael E. Groom
Alternate Member

[11] *See Charles E. Evans*, 48 ECAB 692, 695 (1997) (a physician's advice that appellant not return to delivering the mail because of potential injury is preventive in nature and the Federal Employees' Compensation Act does not provide for a present award of compensation to cover the possibility of a future disabling injury or condition); *see also William A. Kandel*, 43 ECAB 1011, 1022 (1992) (finding that a physician's warning that appellant's return to work could cause increased cardiac problems was not evidence of present disability); *Mary A. Geary*, 43 ECAB 300, 309 (1991) (finding that fear of future injury is not compensable under the Act); *Pat Lazzara*, 31 ECAB 1169, 1174 (1980) (finding that appellant's fear of a recurrence of disability upon return to work is not a basis for comprehension).

[12] *See Michael E. Smith*, 50 ECAB 313, 316 (1999) (finding that appellant failed to submit a rationalized medical opinion on causal relationship).