

U. S. DEPARTMENT OF LABOR

Employees' Compensation Appeals Board

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In the Matter of THOMAS GRIFFITH and DEPARTMENT OF THE ARMY,  
ANNISTON ARMY DEPOT, Anniston, AL

*Docket No. 02-379; Submitted on the Record;  
Issued June 20, 2002*

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DECISION and ORDER

Before MICHAEL J. WALSH, ALEC J. KOROMILAS,  
A. PETER KANJORSKI

The issue is whether appellant met his burden of proof to establish that his carpal tunnel syndrome was caused by factors of his federal employment.

On July 9, 2001 appellant, then a 59-year-old electronic mechanic, filed a notice of injury claiming that his bilateral carpal tunnel syndrome was caused by his federal employment. He was diagnosed with bilateral carpal tunnel syndrome in 1998 and eventually underwent a left carpal tunnel release. Dr. Marilyn A. Burson, Board-certified in physical medicine and rehabilitation, in an October 23, 1998 report, stated:

“[Appellant] is a 55-year[-]old male referred with the chief complaint of numbness in the tip of his index finger and thumb since about the middle of September. He works at [the employing establishment] and works in a cable shop where he uses crimpers which crimp the ends of lugs on cables. [Appellant] says for a while they were using these tools a lot of the time. Usually it is not as often but more recently he has been using it a lot. [Appellant] also uses a solvent to glue rubber strips on a steel ring and sometimes he would wipe the excess solvent off with the tip of his index finger. He quit doing that around the 28 of September after he saw the doctor. Apparently this solvent contains hexane. [Appellant] said he thought the finger was getting some better but then he started doing more with the crimping device and seemed to be making it worse. Recently he has noted both hands going to sleep and tingling. Usually [appellant] notices it more in the evenings after he gets home. Also when he wakes up, his hands will be asleep. Sometimes when [appellant] is holding the [tele]phone they go to sleep.”

Appellant's supervisor indicated that appellant's job involved repetitious hand and wrist movements, including building breakout boxes, fabricating cables and building cupola rings for nine hours a day. Appellant also indicated that the end of his right index finger and right thumb gradually became numb during the time he was working on rubbing excess adhesive from cupola rings.

By decision dated October 16, 2001, the Office of Workers' Compensation Programs denied appellant's claim.

The Board finds that appellant has not met his burden of proof to establish that his bilateral carpal tunnel syndrome was caused by factors of his federal employment.

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) a 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 the claimant. The evidence required to establish causal relationship is rationalized medical opinion evidence, based upon a complete factual and medical background, showing a causal relationship between the claimed condition and identified factors. The belief of a claimant that a condition was caused or aggravated by the employment is not sufficient to establish causal relation.<sup>1</sup>

In this case, appellant attributed his carpal tunnel syndrome to using crimping tools in a repetitive fashion and rubbing solvent on cupolas and wiping the excess solvent off. He submitted reports diagnosing bilateral carpal tunnel syndrome, left worse than the right. Appellant has, therefore, established both a medical condition and identified the employment factors to which he attributed his condition.

In addition to Dr. Burson's report, appellant also submitted an electromyogram report, a series of treatment notes from Dr. Donald H. Lee, a Board-certified orthopedic surgeon, and an operative report indicating that he underwent left carpal tunnel release on May 8, 2001. These reports did not contain any information attributing appellant's diagnosed condition to his employment. Dr. Burson described appellant's employment duties in her October 1998 report but did not opine as to causal relationship. As neither Dr. Burson nor any other physician provided an opinion on the causal relationship between appellant's diagnosed bilateral carpal tunnel syndrome and his employment factors, appellant has failed to submit the necessary medical evidence to meet his burden of proof and the Office properly denied his claim.

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<sup>1</sup> *Lourdes Harris*, 45 ECAB 545, 547 (1994).

The October 16, 2001 decision of the Office of Workers' Compensation Programs is hereby affirmed.

Dated, Washington, DC  
June 20, 2002

Michael J. Walsh  
Chairman

Alec J. Koromilas  
Member

A. Peter Kanjorski  
Alternate Member