The issue is whether appellant met her burden of proof to establish that she developed bilateral carpal tunnel syndrome in the performance of duty.

An employee seeking benefits under the Federal Employees’ Compensation Act has the burden of proof to establish the essential elements of her claim. When an employee claims that she sustained an injury in the performance of duty, she must submit sufficient evidence to establish that she experienced a specific event, incident or exposure occurring at the time, place and in the manner alleged. She must also establish that such event, incident or exposure caused an injury.

In order to determine whether an employee sustained an injury in the performance of duty, the Office of Workers’ Compensation Programs begins with an analysis of whether “fact of injury” has been established. Generally, “fact of injury” consists of two components which must be considered in conjunction with one another. The first component to be established is that the employee actually experienced the employment incident which is alleged to have occurred. The second component is whether the employment incident caused a personal injury and generally can be established only by medical evidence.

On March 9, 2001 appellant, then a 47-year-old postal clerk, filed a notice of occupational disease, Form CA-2, alleging that she developed bilateral carpal tunnel syndrome,

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3 See generally John J. Carlone, 41 ECAB 354 (1989); see also 5 U.S.C. § 8101(5) (“injury” defined); 20 C.F.R. §§ 10.5(a)(15), 10.5(a)(16) (“traumatic injury” and “occupational disease or illness” defined).
4 John J. Carlone, supra note 3.
right worse than left, due to overuse of her hands in the performance of duty. She did not stop work.

By letter dated April 5, 2001, the Office informed appellant that the position description, narrative statement and medical progress notes submitted in support of her claim were insufficient to establish entitlement and requested that appellant submit additional information to include a rationalized medical report from her treating physician, explaining the nature of appellant’s condition and its causal relationship, if any, to her employment duties. On May 3, 2001 appellant submitted narrative statements further describing the employment duties she felt had caused her bilateral carpal tunnel syndrome. Appellant also submitted additional medical evidence in support of her claim.

In a decision dated June 7, 2001, the Office denied appellant’s claim on the grounds that the record contained no well-rationalized medical evidence to establish that she had sustained an employment-related injury, as alleged. By letter dated February 8, 2002, appellant, through counsel, requested reconsideration and submitted additional medical evidence in support of her request. In a decision dated February 20, 2002, the Office found the newly submitted evidence insufficient to warrant modification of its prior decision.

It is undisputed that appellant’s job duties involved typing for approximately four hours of each eight-hour tour and included the daily entering of approximately 110 forms into a computer. In addition, once or twice a week she used scissors and a utility knife to cut addresses off wrappers for a two- to four-hour period. On an occasional basis, appellant lifted letter trays and pushed full hampers of mail. It is also undisputed that the medical evidence establishes that she developed bilateral hand pain, sought medical attention for her complaints, and was diagnosed with bilateral carpal tunnel syndrome, right worse than left. The question, therefore, becomes whether the duties she performed at work caused or aggravated her bilateral carpal tunnel syndrome for which she seeks compensation.

Causal relationship is a medical issue, and the medical evidence required to establish causal relationship, generally, is rationalized medical opinion evidence. Rationalized medical opinion evidence is medical evidence that includes a physician’s rationalized opinion on whether there is a causal relationship between the claimant’s diagnosed condition and the established incidents or factors of employment. 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 established incidents or factors of employment.

The medical evidence of record consists of treatment notes and medical test results from appellant’s treating physician, dating from March 1, 2001 through January 25, 2002. In his

5 Mary J. Briggs, 37 ECAB 578 (1986).
8 See William E. Enright, 31 ECAB 426, 430 (1980).
initial treatment note of record, dated March 1, 2001, Dr. Rodrigo R. Lim, a neurologist, noted that appellant worked as a postal clerk and complained of bilateral hand numbness of approximately one to two years’ duration. Dr. Lim diagnosed bilateral carpal tunnel syndrome by clinical history and examination and recommend that appellant undergo additional nerve testing to confirm the diagnosis and determine its severity. In follow-up reports dated March 9, April 5, April 6, May 4, June 7 and September 6, 2001 and January 25, 2002, Dr. Lim noted that nerve studies performed on March 2, 2001 revealed right median nerve entrapment and documented appellant’s progress. He repeatedly diagnosed bilateral carpal tunnel syndrome, noted that typing and repetitive movements worsened appellant’s symptoms and that she required surgical decompression. Dr. Lim further recommended that she be restricted to light duty, involving less typing and more frequent breaks, but acknowledged that, due to the nature of her job, she could not always fully comply with these restrictions. Finally, the record contains an August 16, 2001 report from Dr. Lim in which he again diagnosed bilateral carpal tunnel syndrome, worse on the right and stated that “she most likely developed her symptoms of pain, numbness and paresthesias in her hands due to her long-standing job description and repetitive movements of her wrists.”

The medical record in this case lacks a well-reasoned narrative from a physician explaining how appellant’s bilateral carpal tunnel syndrome is causally related to her specific employment duties. While Dr. Lim is clearly aware that appellant’s job requires typing and further clearly states that her job activities caused her carpal tunnel symptoms to worsen, his opinion that her condition developed as a result of her job duties is somewhat speculative. Nonetheless, the Board finds that the medical reports submitted by appellant, taken as a whole, raise an inference of causal relationship, either direct or by aggravation, sufficient to require further development of the case record by the Office.9 Dr. Lim stated additionally, the Board notes that in this case the record contains no medical opinion contrary to appellant’s claim and further notes that the Office did not seek advice from an Office medical adviser or refer the case to an Office referral physician for a second opinion. The Board will set aside the Office’s February 20, 2002 and June 7, 2001 decisions and remand the case for further development of the medical evidence. Following such further development as may be necessary, the Office shall issue an appropriate final decision on appellant’s claim.

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9 See John J. Carlone, supra note 3 (finding that the medical evidence was not sufficient to discharge appellant’s burden of proof but remanding the case for further development of the medical evidence given the uncontroverted inference of causal relationship raised).
The February 20, 2002 and June 7, 2001 decisions of the Office of Workers’ Compensation Programs are set aside and the case remanded for further action consistent with this opinion.

Dated, Washington, DC
November 15, 2002

Michael J. Walsh
Chairman

Colleen Duffy Kiko
Member

Willie T.C. Thomas
Alternate Member