The issue is whether appellant has met her burden of proof in establishing that she developed bilateral carpal tunnel syndrome due to factors of her federal employment.

On January 8, 2002 appellant, then a 50-year-old mailhandler, filed an occupational disease claim alleging that she developed bilateral carpal tunnel syndrome while performing repetitive hand motions including separating flats, tubs and sacks in the performance of duty. Appellant asserted that she first became aware of the illness and realized that the illness was caused or aggravated by her employment on or about April 1, 2001. Appellant did not stop work.

On January 17, 2002 the Office of Workers’ Compensation Programs advised appellant that the information submitted was insufficient to establish the claim. The Office requested additional documentation including medical evidence outlining the dates of examination; history of injury given to the physician; a description of findings and diagnosis and medical rationale as to the causal relationship between the condition and the employment factors as reported. Appellant was afforded 30 days to submit such evidence.

Appellant submitted electromyography (EMG) findings and a nerve conduction study dated June 28, 2001, which showed that she had developed bilateral carpal tunnel syndrome. Appellant also submitted disability slips and medical reports from Dr. Kosit Prieb, a Board-certified surgeon, dated from August 3, 2001 through January 10, 2002, evidencing treatment for the diagnosed condition. In some of the reports, she reportedly attributed the diagnosed condition to a cervical strain sustained at work. Other reports noted that appellant had a work history of separating mail and lifting 15 to 20-pound trays and noted treatment for the diagnosed condition.

In a subsequent letter dated February 26, 2002, the Office advised appellant’s physician, Dr. Prieb, that medical evidence establishing a causal relationship between appellant’s diagnosed carpal tunnel syndrome and the specified employment factors was required in order to establish a
claim for benefits. The Office requested that Dr. Prieb submit a report, which explained the etiology of the carpal tunnel syndrome, whether it resulted from work duties and if so, objective medical findings establishing causation. The Office afforded the physician 30 days to furnish the requested information and by copy of the letter informed appellant that it was her responsibility to ensure that all requested information was provided in a prompt manner. The requested medical evidence was not submitted within the allotted timeframe.

By decision dated April 5, 2002, the Office found that the medical evidence submitted in support of the claim was insufficient to establish that the diagnosed carpal tunnel syndrome was caused by the specified employment factors as required by the Federal Employees’ Compensation Act.

The Board finds that appellant has failed to meet her burden of proof in establishing that she developed bilateral carpal tunnel syndrome due to factors of her 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.1

In this case, appellant attributed her bilateral carpal tunnel syndrome to performing repetitive hand motions including separating flats in the performance of appellant’s federal work duties. In support of her claim, appellant submitted an EMG and nerve conduction study dated June 28, 2001, diagnosing moderate bilateral carpal tunnel syndrome. Therefore, appellant has both established a medical condition and identified the employment factors to which she attributed her condition.

Appellant also submitted a series of treatment notes from Dr. Prieb, who generally noted that appellant attributed her bilateral carpal tunnel syndrome to a cervical strain sustained while at work. Appellant and her physician were advised to provide evidence supporting causal relationship; however, no such evidence was submitted to the Office. As neither Dr. Prieb nor any other physician provided an opinion on the causal relationship between appellant’s diagnosed bilateral carpal tunnel syndrome and her employment factors, appellant has failed to

1 Lourdes Harris, 45 ECAB 545, 547 (1994).
submit the necessary medical evidence to meet her burden of proof and the Office properly
denied her claim.\(^2\)

The April 5, 2002 decision of the Office of Workers’ Compensation Programs is hereby
affirmed.

Dated, Washington, DC
October 29, 2002

Colleen Duffy Kiko
Member

Willie T.C. Thomas
Alternate Member

A. Peter Kanjorski
Alternate Member

\(^2\) The record contains a May 4, 2002 report from Dr. Prieb, which was submitted following the April 5, 2002
decision. The Board’s review is limited by 20 C.F.R. § 501.2(c) to the “evidence in the case record, which was
before the Office at the time of its final decision.” This decision does not preclude appellant from submitting
additional evidence to the Office along with a request for reconsideration.