The issue is whether appellant sustained an injury to her left hand and wrist causally related to the alleged factors of her federal employment.

On January 28, 2002 appellant, then a 52-year-old nurse, filed a notice of occupational disease and claim for compensation (Form CA-2) alleging that, as a result of the repetitive use of her left hand and wrist to start intravenous lines and draw blood, she sustained swelling in her left wrist.

By letter dated February 4, 2002, the Office of Workers’ Compensation Programs requested that appellant submit further information.

In response thereto, appellant submitted a State of California doctor’s first report of occupational injury or illness, completed on January 31, 2002 by Dr. Sangarapil Manoharan, a Board-certified specialist in emergency medicine, wherein he indicated that appellant sustained “left wrist tendinitis vs. carpal tunnel.” Subsequent reports by Dr. Manoharan and other physicians with Kaiser Permanente were submitted, indicating that appellant was treated with physical therapy, Motrin and a left wrist brace. A nerve conduction study was performed on February 21, 2002, which showed no evidence of median/ulnar neuropathy at the wrist/elbow and no evidence of polyneuropathy.

By decision dated March 29, 2002, the Office denied appellant’s claim for the reason that she failed to establish fact of injury. The Office further noted that, even if fact of injury had been established, there was no rationalized medical opinion that any alleged left hand or wrist condition was connected to the alleged factors of employment.

By letter dated September 2, 2002, appellant requested reconsideration. Appellant continued to submit reports by Dr. Manoharan. In a report dated April 8, 2002, she noted that, on June 18, 2001, to prevent a patient from striking her face, appellant raised her left hand and the patient struck appellant’s left wrist/left hand and then grazed her left chin. Dr. Manoharan
opined that appellant had chronic extensor synovitis in her left wrist and mild de Quervain’s tendinitis in her left thumb, and that this was “more likely than not” caused by the alleged injury. On August 27, 2002 he noted that appellant was now also complaining of numbness in the fourth and fifth fingers of her left hand after an injury she sustained on August 12, 2002 after lifting a seizure patient. Dr. Manoharan noted that he was not appellant’s physician for this injury.

On October 16, 2002 the Office reviewed appellant’s case on the merits, and determined that the medical and factual evidence was now sufficient to establish that appellant performed the duties of a nurse and had a diagnosis in connection with her factors of employment. However, the Office noted that the medical evidence was insufficient to establish that her left wrist condition was causally related to her work activities. Accordingly, the March 29, 2002 decision was modified and the claim was denied because the medical evidence was insufficient to establish causal relationship.

The Board finds that appellant has failed to meet her burden of proof in establishing that she sustained an injury to her left wrist and hand causally related to the alleged 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 the 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.1 The medical evidence required to establish a causal relationship, generally, is 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,2 must be one of reasonable medical certainty3 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 The mere fact that a condition manifests itself during a period of employment does not raise an inference that there is a causal relationship between the two. Neither the fact that, the condition became apparent during a period of employment, nor the belief of appellant that the condition was caused by or aggravated by employment conditions is sufficient to establish causal relation.5

5 Manuel Garcia, 37 ECAB 767, 773 (1986); Juanita C. Rogers, 34 ECAB 544, 546 (1983).
In this claim, appellant alleges that she sustained an injury due to the repetitive use of her left hand and wrist to start intravenous lines and draw blood. However, none of the medical evidence establishes that she sustained an injury to her left hand or wrist causally related to these factors. In fact, Dr. Manoharan indicates that appellant was injured as a result of separate work incidents, i.e., while defending herself from a patient on June 18, 2001 and lifting a seizure patient on August 12, 2002. As appellant has not submitted any evidence supporting that she injured herself as a result of repetitive motion in drawing blood and starting intravenous lines, she has failed to meet her burden of proof. Accordingly, the Office properly denied her claim.\textsuperscript{6}

The decision of the Office of Workers’ Compensation Programs dated October 16, 2002 is hereby affirmed.

Dated, Washington, DC
August 25, 2003

Colleen Duffy Kiko
Member

David S. Gerson
Alternate Member

A. Peter Kanjorski
Alternate Member

\textsuperscript{6} Appellant submitted additional evidence to the Board; however, the jurisdiction of the Board is limited to the evidence that was before the Office at the time it issued its final decision; see 20 C.F.R. § 501.2(c). This decision does not preclude appellant from submitting additional evidence to the Office along with a request for reconsideration.