

U. S. DEPARTMENT OF LABOR

Employees' Compensation Appeals Board

In the Matter of CONNIE BLACKWELL and U.S. POSTAL SERVICE,
POST OFFICE, Nashville, TN

*Docket No. 03-1465; Submitted on the Record;
Issued August 27, 2003*

DECISION and ORDER

Before ALEC J. KOROMILAS, WILLIE T.C. THOMAS,
MICHAEL E. GROOM

The issue is whether appellant sustained carpal tunnel syndrome causally related to factors of her federal employment.

On June 28, 1999 appellant, then a 33-year-old modified mailhandler, filed a notice of occupational disease and claim for compensation (Form CA-2a), alleging that she sustained pain in her right hand, numbness in her fingers and pain in her arm and into her shoulder and neck as a result of her federal duties repairing and bagging damaged mail. The employing establishment controverted the claim.

By letter dated July 14, 1999, the Office of Workers' Compensation Programs asked appellant to submit further information in support of her claim. No evidence was received and, on September 28, 1999, the Office denied appellant's claim because she had failed to establish fact of injury.

Appellant filed numerous requests for reconsideration. By decisions dated December 3, 1999, April 10 and July 24, 2000, June 14 and December 12, 2001 and December 24, 2002, appellant's requests for reconsideration were denied after review on the merits.

Appellant submitted a medical report dated July 27, 1999 from Dr. David L. Edwards, a Board-certified internist, who treated appellant for right arm pain. He noted, "She has been unable to identify any repetitive motion except at work that causes arm pain, so I have been operating under the assumption that the arm pain does relate to work."

Appellant also submitted an electromyogram report dated December 11, 1998 which was interpreted as revealing mild right median neuropathy at the wrists as in carpal tunnel syndrome. In a March 21, 2000 report, Dr. Edwards noted that appellant had shown improvement in her nerve compression since she had been out of work, and that it appeared that avoiding repetitive

motions had improved her symptoms as well as her neurologic findings. In a report dated February 23, 2001, Dr. Edwards noted:

“I am left with the history from [appellant] that the repetitive motion at the [employing establishment] caused numbness and tingling to develop in the right hand, and time away from the [employing establishment] led to improvement in the symptoms of the right hand. Based on this sequence of events, I assume the carpal tunnel syndrome she had was work related and would appreciate your reconsidering payment to her in lost wages due to her inability to work due to the carpal tunnel syndrome as well as pain in the right arm.”

In a report dated June 18, 2001, Dr. Edwards opined:

“In your letter dated May 9, 2001, you requested more specific information about repetitive activities done by [appellant], which I feel led to her carpal tunnel syndrome problems. The job specifically required flipping mail, in the damaged mail section, which did require repetitive hand and wrist movement throughout the workday.

“I feel that this repetitive action did lead to her carpal tunnel problems....”

The Board finds that the case is not in posture for decision.

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

¹ *Victor J. Woodhams*, 41 ECAB 345, 352 (1989).

² *William Nimitz, Jr.*, 30 ECAB 567, 570 (1979).

³ *Morris Scanlon*, 11 ECAB 384-85 (1960).

⁴ *William E. Enright*, 31 ECAB 426, 430 (1980).

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 However, proceedings under the Federal Employees' Compensation Act are not adversarial in nature nor is the Office a disinterested arbiter. While the claimant has the burden to establish entitlement to compensation benefits, the Office shares responsibility in the development of the evidence. It has the obligation to see that justice is done.⁶

In the instant case, Dr. Edwards' initial opinions are speculative. In his July 27, 1999 opinion, he noted that he was "operating under the assumption that the arm pain does relate to work." In his February 23, 2001 report, he noted that, based on the sequence of events, he "assumed" the carpal tunnel syndrome was work related. Furthermore, these opinions do not specifically detail what specific job duties he "assumed" caused her carpal tunnel syndrome. Dr. Edwards' June 18, 2001 report noted that appellant's job specifically required flipping mail which required repetitive hand and wrist movement, and stated, "I feel that this repetitive action did lead to her carpal tunnel problems...." This opinion is somewhat speculative. It also does not clearly detail how appellant's job flipping mail caused her carpal tunnel syndrome.

While the reports by Dr. Edwards are insufficiently rationalized to meet appellant's burden of proof in establishing causal relationship, they are sufficiently consistent, detailed and rationalized to warrant further development by the Office.⁷ Also, the Board notes that the Office has not undertaken any medical development in this case, such as referring appellant to a second opinion physician to clarify Dr. Edwards' opinion.

On remand of the case, the Office shall prepare a statement of accepted facts and refer appellant to an appropriate Board-certified specialist or specialists to obtain a detailed, well-rationalized opinion regarding any causal relationship between the identified work factors and the carpal tunnel syndrome. Following this and any other development that the Office deems necessary for a proper adjudication of the case, the Office shall issue an appropriate decision.

⁵ *Manuel Garcia*, 37 ECAB 767, 773 (1986); *Juanita C. Rogers*, 34 ECAB 544, 546 (1983).

⁶ *William J. Cantrell*, 34 ECAB 1223 (1983).

⁷ *John J. Carlone*, 41 ECAB 345, 358 (1989).

The decision of the Office of Workers' Compensation Programs dated December 24, 2002 is hereby set aside and the case remanded for further action consistent with this decision.

Dated, Washington, DC
August 27, 2003

Alec J. Koromilas
Chairman

Willie T.C. Thomas
Alternate Member

Michael E. Groom
Alternate Member