

The Office requested that appellant submit additional information to support her claim, including a comprehensive medical report from her treating physician that described her symptoms; results of examinations and tests, including Phalen's and Tinel's signs and results of any nerve conduction or electromyogram studies; a diagnosis; the treatment provided; the effect of treatment; and the doctor's opinion, with medical reasons, on the cause of her condition. The Office emphasized the following: "Specifically, if your doctor feels that work activities in your federal employment contributed to your condition, an explanation of how such exposure contributed should be provided."

Appellant submitted a disability slip dated May 7, 2001.

In a decision dated June 27, 2001, the Office denied appellant's claim for compensation. The Office found that the medical documentation did not establish that she had sustained an injury while in the performance of duty.

Appellant requested an oral hearing before an Office hearing representative. She submitted additional evidence to support her claim, including a description of the employment factors to which she attributed her condition. She also submitted a March 19, 2001 report from Dr. Robert J. Ziets, a Board-certified orthopedic surgeon, who noted that appellant underwent right shoulder arthroscopic surgery and acromioplasty on May 25, 2000. He also noted that appellant had been complaining of hand numbness. Studies showed bilateral median nerve entrapments with decreased conduction velocities, mild. Dr. Ziets diagnosed persistent right shoulder impingement syndrome, despite operative management, and bilateral carpal tunnel syndrome. He reported that these conditions "can be stated with reasonable medical certainty to be the result of the above-referenced work accident; however, the carpal tunnel syndrome has not yet been included."¹ Dr. Ziets subsequently diagnosed, in addition, left shoulder impingement syndrome and right elbow pain with arthrosis and lateral epicondylitis.²

After the hearing, which was held on January 6, 2003, appellant submitted additional evidence, including a January 21, 2003 note from Dr. Ziets, who stated: "Due to excessive pushing, pulling and lifting, it can be stated with reasonable medical certainty that the right elbow pain is the result of the same [October 6, 1999] work injury, and that the bilateral wrist and hand pain and left shoulder pain is also work related and required surgery with further treatment pending."

In a decision dated April 7, 2003, an Office hearing representative affirmed the June 27, 2001 denial of appellant's claim. The hearing representative found that there was no rationalized medical evidence to support appellant's contention that her bilateral wrist and left shoulder conditions were causally related to her federal employment. The medical reports submitted cited no particular work factors as a cause or aggravating factor, nor did they provide an explanation of how those factors might affect appellant's condition.

¹ On May 7, 2001 Dr. Ziets indicated that appellant's right shoulder condition was the result of a work injury on October 6, 1999. It appears from the record that the Office accepted that claim.

² Appellant underwent left shoulder arthroscopic surgery on November 1, 2002.

LEGAL PRECEDENT

An employee seeking benefits under the Federal Employees' Compensation Act³ 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.⁴

Causal relationship is a medical issue,⁵ and the medical evidence generally required to establish causal relationship 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 incident or factor of employment. The opinion of the physician must be based on a complete factual and medical background of the claimant,⁶ must be one of reasonable medical certainty,⁷ and must be supported by medical rationale explaining the nature of the relationship between the diagnosed condition and the established incident or factor of employment.⁸

ANALYSIS

Appellant has described the employment factors to which she attributes her bilateral carpal tunnel and left shoulder impingement syndromes. She submitted an April 25, 2001 statement and testified at the January 6, 2003 hearing. The Office does not dispute the duties she performed as a mail handler. It can be accepted, therefore, that appellant experienced a specific event, incident or exposure occurring at the time, place and in the manner alleged. The question for determination is whether her duties as a mail handler caused her bilateral carpal tunnel and left shoulder impingement syndromes.

Prior to his January 21, 2003 note, Dr. Ziets avoided any opinion relating these conditions to appellant's federal employment. He addressed an earlier claim for an injury on October 6, 1999 and related appellant's right shoulder condition to that injury, but when it came to appellant's present claim, which he acknowledged to be separate, Dr. Ziets noted only that it was appellant who was attempting to connect her carpal tunnel to her workers' compensation case. He described her condition as "reportedly the result of work injury with case pending."

³ 5 U.S.C. §§ 8101-8193.

⁴ See *Walter D. Morehead*, 31 ECAB 188, 194 (1979) (occupational disease or illness); *Max Haber*, 19 ECAB 243, 247 (1967) (traumatic injury). See generally *John J. Carlone*, 41 ECAB 354 (1989); *Elaine Pendleton*, 40 ECAB 1143 (1989).

⁵ *Mary J. Briggs*, 37 ECAB 578 (1986).

⁶ *William Nimitz, Jr.*, 30 ECAB 567, 570 (1979).

⁷ See *Morris Scanlon*, 11 ECAB 384, 385 (1960).

⁸ See *William E. Enright*, 31 ECAB 426, 430 (1980).

With his January 21, 2003 note, Dr. Ziets related appellant's right elbow condition to the October 6, 1999 injury and stated that "the bilateral wrist and hand pain and left shoulder pain is also work related and required surgery with further treatment pending." This statement stands as the only medical opinion evidence supporting causal relationship in appellant's present claim. The opinion is insufficient, however, to establish causal relationship. Dr. Ziets did not discuss the duties appellant performed as a mail handler. This is necessary to demonstrate that he is basing his opinion on a proper factual background. Medical conclusions based on inaccurate or incomplete histories are of little probative or evidentiary value.⁹ Moreover, Dr. Ziets offered no medical reasoning to support his opinion on causal relationship. He did not explain how, physiologically speaking, the particular duties appellant performed or the physical requirements of her position caused or contributed to her diagnosed bilateral carpal tunnel and left shoulder impingement syndromes. Dr. Ziets did not show how appellant's history, symptomatology and clinical findings supported a causal connection to work. Medical conclusions unsupported by medical rationale are of little probative value.¹⁰ The medical evidence submitted in this case is insufficient to establish the critical element of causal relationship.

CONCLUSION

Appellant has not met her burden of proof to establish that her bilateral carpal tunnel and left shoulder impingement syndromes are causally related to her federal employment.

⁹ *E.g., James A. Wyrick*, 31 ECAB 1805 (1980) (physician's report was entitled to little probative value because the history was both inaccurate and incomplete). *See generally Melvina Jackson*, 38 ECAB 443, 450 (1987) (addressing factors that bear on the probative value of medical opinions).

¹⁰ *E.g., Connie Johns*, 44 ECAB 560 (1993) (holding that a physician's opinion on causal relationship must be one of reasonable medical certainty, supported with affirmative evidence, explained by medical rationale and based on a complete and accurate medical and factual background).

ORDER

IT IS HEREBY ORDERED THAT the April 7, 2003 decision of the Office of Workers' Compensation Programs is affirmed.

Issued: December 18, 2003
Washington, DC

David S. Gerson
Alternate Member

Willie T.C. Thomas
Alternate Member

A. Peter Kanjorski
Alternate Member