U. S. DEPARTMENT OF LABOR

Employees' Compensation Appeals Board

In the Matter of ERNIE B. STORMER and U.S. POSTAL SERVICE,
MEDICAL CENTER STATION, Houston, TX

Docket No. 03-1025; Submitted on the Record;
Issued July 29, 2003

DECISION and ORDER

Before DAVID S. GERSON, WILLIE T.C. THOMAS,
A. PETER KANJORSKI

The issues are: (1) whether appellant has met his burden of proof to establish that his claimed medical conditions, other than the accepted bilateral carpal tunnel syndrome, are causally related to his federal employment; and (2) whether appellant's disability for work on or after May 6, 2002 is causally related to his accepted bilateral carpal tunnel injury.

On March 20, 2002 appellant, then a 55-year-old letter carrier, filed an occupational disease claim alleging that he was unemployable because he suffered with seizures, painful feet, an irregular heartbeat, depression, hearing loss, an ulcer, post-war stress trauma, neck and lower back pain, carpal tunnel syndrome and peripheral neuropathy.[1] He certified that these conditions were a result of his federal employment. Appellant first realized that the claimed diseases or illnesses were caused or aggravated by his employment on November 2, 1991.

The record shows that appellant previously filed an occupational disease claim on November 19, 1991: "[t]he injury to my left hand/wrist is a reoccurring type injury which first began several months ago while handling and delivering mail; however, the injury dissipated after several days. The present injury occurred around November 2, 1991 while casing and handling mail on route #54005."

On July 31, 2002 the Office of Workers' Compensation Programs requested additional information from appellant. Noting that it had received his claim form and medical notes, the Office explained that this was not sufficient to determine whether he was eligible for compensation benefits. The Office asked appellant to submit a detailed description of the employment-related exposure or contact that he believed contributed to his claimed conditions. The Office also asked appellant to submit a comprehensive medical report from his treating physician describing, among other things, the physician's opinion, with medical reasons, on the cause of his claimed conditions. Specifically, the Office advised, if his physician felt that

[1] Appellant made a similar statement on May 18, 2002 in support of his claim for Social Security benefits.

exposure or incidents in his federal employment contributed to the claimed conditions, he or she should provide an explanation of how such exposure contributed.

Appellant stated that he experienced a blackout at work on three occasions. He also referred to a second injury, one to his left and right foot, as a result of "a large post-con rising into the air" while exiting the employing establishment's double doors leading to the loading dock.

On April 16, 2002 Dr. Ranjit Patel, a neurologist, reported as follows:

> "[Appellant] is advised to discontinue work. [He] suffer[s] with irregular heart beat, neck pain, carpal tunnel syndrome, peripheral neuropathy, chronic lower back pain, he experience[s] numbness in hands and feet and problems with his balance. [Appellant] has been hospitalized for blackouts w[h]ich can subject him and other people around him at the risk."

On August 20, 2002 Dr. Patel diagnosed neck pain, cervical root disease, low back pain, lumbar root disease, carpal tunnel syndrome, bilaterally; generalized peripheral neuropathy secondary to diabetes, diabetes; irregular heartbeat, congestive heart failure and coronary artery disease. He stated:

> "As [appellant] has a severe neck pain and back pain, any lifting, carrying, bending or stooping increases his pain. On top of this, he has severe carpal tunnel syndrome bilaterally and generalized peripheral neuropathy that precludes him to work especially carrying letters and delivering them as that involves walking, bending, stooping and repetitive hand maneuvers. I believe that [appellant] is not fit for his work at the present time. If he tries to do any office work or any light duty, he has to sit for long periods of time and he has [to] do hand manipulation that will also not be fit for him. So, I believe that [appellant] is completely disabled in my mind."

Appellant submitted a July 5, 1984 medical report stating that he suffered from duodenal ulcer, anemia, bleeding hemorrhoid and flat feet and advising that he do less strenuous manual work. Psychiatric reports noted a principal diagnosis of major depression but ruled out post-traumatic stress disorder.

On September 30, 2002 the Office advised appellant that it had accepted his claim for the condition of bilateral carpal tunnel only. The Office stated that the following conditions were not accepted as work related: cervical root disease, lumbar root disease, generalized peripheral neuropathy secondary to diabetes, diabetes, irregular heartbeat, coronary artery disease and congestive heart failure.

On November 15, 2002 appellant filed a claim for intermittent wage loss beginning May 6, 2002. On November 18, 2002 the Office advised appellant: "[i]n order to be considered for compensation payment, medical evidence must be provided to support that you are off work for the accepted work-related condition of carpal tunnel syndrome. Based on the information in

our records, you are not working and you are receiving Social Security Disability Retirement for nonwork-related conditions."[2]

Appellant submitted an attending physician's form report signed by Dr. Patel but not dated. By his signature, Dr. Patel indicated that appellant was totally disabled for work beginning March 30, 2002. He made multiple references to his August 20, 2002 report.

On January 30, 2003 the Office asked Dr. Patel for clarification regarding appellant's accepted condition of bilateral carpal tunnel syndrome:

> "[Appellant] has submitted [a] [F]orm CA-20 along with a medical report dated August 20, 2002, with [the] prognoses that indicates his is disabled for work. Please provide us with a medical report that discuss[es] [his] disability in relation to his accepted work-related injury of carpal tunnel. Indicate whether he is disabled as a result of carpal tunnel or whether his other nonwork-related medical condition is causing his disability.
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> "If you are stating that his disability is the result of carpal tunnel, please provide medical rationale. Be advised that the [employment establishment] can accommodate all restrictions in connection with [appellant's] carpal tunnel syndrome. I have enclosed a [F]orm, OWCP-5, for his restrictions.
>
> "Thank you for your assistance. Please bill us your usual fee for a report of this type using Form HCFA-1500."

In a decision dated February 24, 2003, the Office denied appellant's claim for intermittent wage loss beginning May 6, 2002. The Office explained that the medical evidence submitted provided inconsistent evidence as to the cause of appellant's disability for work and no other medical opinion evidence was submitted to support or clarify that he was disabled for work as a result of his accepted carpal tunnel injury.

The Board finds that appellant has not met his burden of proof to establish that his claimed medical conditions, other than bilateral carpal tunnel syndrome, are causally related to his federal employment.

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[2] *See Hazelee K. Anderson*, 37 ECAB 277 (1986) ("Appellant submitted a copy of a decision of the Social Security Administration which awarded her benefits. In this regard, it appears that appellant is under the impression that because she was awarded disability benefits for retirement purposes she is *ipso facto* disabled for compensation purposes under the Federal Employees' Compensation Act. This is not so and, as the Board has stated, entitlement to benefits under one Act does not establish entitlement to [benefits under] the other. The findings of other administrative agencies have no bearing on proceedings under the Federal Compensation Programs Act which is administered by the Office and the Board and a determination made for disability retirement purposes is not determinative of the extent of physical impairment or loss of wage-earning capacity for compensation purposes. The two relevant statues (Social Security Act and the Federal Employees' Compensation Act) have different standards of medical proof on the question of disability; disability under one statute does not prove disability under the other. Furthermore, under the Federal Employees' Compensation Act, for a disability determination, appellant's conditions must be shown to be causally related to her federal employment. Under the Social Security Act, conditions which are not employment related may be taken into consideration in rendering a disability determination"). (Citations omitted.)

An employee seeking benefits under the Federal Employees' Compensation Act[3] has the burden of proof to establish the essential elements of his claim. When an employee claims that he sustained an injury in the performance of duty, he must submit sufficient evidence to establish that he experienced a specific event, incident or exposure occurring at the time, place and in the manner alleged. He must also establish that such event, incident or exposure caused an injury.[4]

The Office does not dispute the duties appellant performed as a letter carrier. The question for determination is whether those duties caused or aggravated the medical conditions that the Office advised on September 30, 2002 were not accepted as work related.

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]

Appellant submitted no such medical opinion in this case. The Office correctly advised him on July 31, 2002 to submit a comprehensive medical report from his treating physician describing, among other things, the physician's opinion, with medical reasons, on the cause of his claimed conditions. Specifically, if his physician felt that exposure or incidents in federal employment contributed to the claimed conditions, an explanation of how such exposure contributed was to be provided. Without a well-reasoned medical opinion explaining how the diagnosed medical conditions were caused or aggravated by appellant's duties as a letter carrier, the record in this case does not support that the claimed conditions are work related. It is important to note that the mere fact that a condition manifests itself or worsens during a period of federal employment raises no inference of causal relationship between the two.[9] That an employee suffers a heart attack at work, for example, does not in itself imply that the work caused or contributed to the attack. Such temporal relationships are thus distinguished from relationships of causation, which are required for entitlement to workers' compensation benefits.

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[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).

[9] *Steven R. Piper*, 39 ECAB 312 (1987).

Because appellant submitted no narrative medical report explaining how, with sound medical reasoning, his numerous diagnosed conditions were caused or aggravated by his federal employment, he has not met his burden of proof with respect to those claimed conditions. The Board will affirm the Office's September 30, 2002 decision not to accept such conditions as work related.

The Board also finds that the medical opinion evidence is insufficient to establish that appellant's disability for work on or after May 6, 2002 is causally related to his accepted carpal tunnel injury.

A claimant seeking benefits under the Federal Employees' Compensation Act has the burden of proof to establish that any disability for work for which he claims compensation is causally related to his accepted employment injury.[10]

In this case the Office accepted that appellant sustained a bilateral carpal tunnel injury in the performance of duty. He claimed compensation for intermittent wage loss beginning May 6, 2002; therefore, he has the burden of proof to establish by the weight of the evidence that his disability for work on or after May 6, 2002 is causally related to the bilateral carpal tunnel syndrome.[11]

Reports from appellant's attending neurologist, Dr. Patel, support total disability during the period claimed, but they do not make clear whether this disability for work was a result of the accepted bilateral carpal tunnel syndrome. Appellant suffers from a number of significant medical conditions, but to establish that he is entitled to compensation for wage loss, the medical opinion evidence must make clear that the employment-related bilateral carpal tunnel syndrome disabled him from work on or after May 6, 2002, as claimed. Dr. Patel reported a significant history of hypertension, coronary artery disease, congestive heart failure, irregular heartbeat and diabetes. He reported complaints of tingling, numbness and swelling of hands and painful feet with a sensation of numbness. His diagnoses included generalized peripheral neuropathy secondary to diabetes. Because Dr. Patel's opinion on disability for work made no distinction between appellant's employment-related and nonemployment-related medical conditions, the Office requested clarification. Having received no response from appellant's physician, the Office properly denied appellant's claim for wage loss.

[10] *See Elaine Pendleton*, 40 ECAB 1143, 1145 (1989).

[11] "Disability" means the incapacity, because of an employment injury, to earn the wages the employee was receiving at the time of injury. It may be partial or total. 20 C.F.R. § 10.5(f). Disability is not synonymous with physical impairment, which may or may not result in an incapacity to earn wages. *See Fred Foster*, 1 ECAB 21 at 24-25 (1947) (finding that the Federal Employees' Compensation Act provides for the payment of compensation in disability cases upon the basis of the impairment in the employee's capacity to earn wages and not upon physical impairment as such). An employee who has a physical impairment causally related to his federal employment, but who nonetheless has the capacity to earn the wages that he was receiving at the time of injury, has no disability as that term is used in the Act and is not entitled to compensation for loss of wage-earning capacity. *See Gary L. Loser*, 38 ECAB 673 (1987) (although the evidence indicated that appellant had sustained a permanent impairment of his legs because of work-related thrombophlebitis, it did not demonstrate that his condition prevented him from returning to his work as a chemist or caused any incapacity to earn the wages he was receiving at the time of injury).

Because the medical opinion evidence of record is insufficient to discharge his burden of proof to establish employment-related disability for the period claimed, the Board will affirm the Office's February 24, 2003 decision.

The February 24, 2003 and September 30, 2002 decisions of the Office of Workers' Compensation Programs are affirmed.

Dated, Washington, DC
July 29, 2003

David S. Gerson
Alternate Member

Willie T.C. Thomas
Alternate Member

A. Peter Kanjorski
Alternate Member