

U. S. DEPARTMENT OF LABOR

Employees' Compensation Appeals Board

In the Matter of RONDA F. PICKERING and DEPARTMENT OF THE AIR FORCE,
U.S. AIR FORCE ACADEMY, CO

*Docket No. 03-637; Submitted on the Record;
Issued June 3, 2003*

DECISION and ORDER

Before COLLEEN DUFFY KIKO, DAVID S. GERSON,
A. PETER KANJORSKI

The issue is whether appellant has met her burden of proof to establish that she developed carpal tunnel syndrome in the performance of duty.

On October 7, 2002 appellant, then a 40-year-old distribution center supervisor, filed an occupational disease claim (Form CA-2) alleging her carpal tunnel was due to her employment duties. She stated that she first became aware of her carpal tunnel condition in September 1999 and its relationship to her employment on October 14, 1999. She did not stop work.

By letter dated October 15, 2002, the Office of Workers' Compensation Programs requested additional medical and factual evidence from appellant stating that the initial information submitted was insufficient to establish that she developed a medical condition in the performance of duty.

In response to the Office's request, appellant submitted treatment notes, work restriction evaluation forms and reports from her treating physicians, a narrative dated November 12, 2002 and her position description.

In her November 12, 2002 narrative, appellant described the repetitive duties she believed caused her condition and noted that she was first diagnosed with her condition in September 1999. Specifically, she noted that her work in the mailroom required repetitive movements including twisting, lifting, pushing and pulling. These repetitive duties included sorting and metering mail, stuffing and folding envelopes and loading letter trays and mail bins and "taping up boxes to be mailed out."

In a September 13, 1999 report, Dr. Robert J. Foster, an attending Board-certified orthopedic surgeon with a subspecialty in hand surgery, noted "concerning the tingling into the thumb, index and long fingers, she is noted to have a positive Tinel's sign at the carpal tunnel and a positive Phalen's test." A motor conduction latency test was normal.

In an April 26, 2002 treatment note, Dr. Foster diagnosed right global wrist pain and severe contact dermatitis in both hands. Based upon a physical examination, he stated appellant's "Tinel's sign at the carpal tunnel causes paresthesias only into the thenar area" and that her "Phalen's test on the right causes paresthesias to the radial aspect of the thenar area."

Dr. Foster, in a July 8, 2002 letter, opined appellant's pain was due to the repetitive lifting in her employment. His diagnoses included "complaints of pain in the thumb index web space of the right hand and complaints of pain in the ulnar aspect of the left hand."

In a December 2, 2002 report, Dr. Katharine J. Leppard, an attending Board-certified physiatrist, noted physical findings of decreased sensation on the median nerve and a negative Tinel's sign at the elbow and wrist. Under impression she noted that appellant's "hand pain and numbness with her physical examination being highly suspicious for carpal tunnel syndrome." Regarding the cause of appellant's condition, she opined that "Given the repetitive nature of her work, I do feel that this is work related." In an accompanying attending physician's report (Form CA-20), Dr. Leppard diagnosed carpal tunnel syndrome and checked "yes" that she believed the condition was caused or aggravated by appellant's employment.

In a decision dated December 12, 2002, the Office denied appellant's claim as the medical evidence was insufficient to establish that appellant developed a left and right wrist condition in the performance of duty, as required by the Federal Employees' Compensation Act.¹ The Office found that appellant failed to submit a comprehensive medical report, which discussed the causal relationship between appellant's diagnosed carpal tunnel syndrome and her employment.

The Board finds that appellant has not met her burden of proof to establish that she developed carpal tunnel syndrome in the performance of duty.

An employee seeking benefits under the Act has the burden of establishing the essential elements of her claim, including the fact that an injury was sustained in the performance of duty as alleged and that any disability and/or specific condition, for which compensation is claimed are causally related to the employment injury.²

To establish that an injury was sustained in the performance of duty, a claimant must submit the following: (1) medical evidence establishing the presence or existence of the condition, for which compensation is claimed; (2) a factual statement identifying employment factors alleged to have caused or contributed to the 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

¹ 5 U.S.C. §§ 8101-8193.

² *Elaine Pendleton*, 40 ECAB 1143, 1145 (1989).

by the claimant.³ The medical evidence required to establish a causal relationship, generally, is rationalized medical opinion evidence.⁴

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,⁵ must be one of reasonable medical certainty⁶ 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.⁷ 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.⁸

It is not disputed that appellant was experiencing pain and numbness in her hands nor is it disputed that she had workplace exposure to such conditions alleged to have contributed to her symptoms of carpal tunnel syndrome. However, appellant has submitted no medical evidence establishing that she has a diagnosed condition causally related to the employment factors or conditions. In a letter dated October 15, 2002, the Office requested that appellant submit medical and factual evidence in support of her claim. She did not submit any medical report from an attending physician addressing how specific employment factors may have caused or aggravated her hand condition. Appellant did submit reports from Drs. Foster and Leppard.

Dr. Foster diagnosed carpal tunnel syndrome but, in his September 13, 1999 and April 26, 2002 reports, offered no opinion as to the cause of appellant's condition. Dr. Foster noted that appellant had carpal tunnel syndrome and opined her hand pain was due to her repetitive work duties. Although his opinion somewhat supports causal relationship in a conclusory statement, he provided no medical reasoning or rationale to support such statement. The Board has found that vague and unrationalized medical opinions on causal relationship have little probative value.⁹

³ *Donna L. Mims*, 53 ECAB ____ (Docket No. 01-1835, issued August 13, 2002).

⁴ The Board has held that, in certain cases, where the causal connection is so obvious, expert medical testimony may be dispensed with to establish a claim; see *Naomi A. Lilly*, 10 ECAB 560, 572-73 (1959). The instant case, however, is not a case of obvious causal connection.

⁵ *William Nimitz, Jr.*, 30 ECAB 567, 570 (1979).

⁶ See *Morris Scanlon*, 11 ECAB 384-85 (1960).

⁷ See *William E. Enright*, 31 ECAB 426, 430 (1980).

⁸ *Manuel Garcia*, 37 ECAB 767, 773 (1986); *Juanita C. Rogers*, 34 ECAB 544, 546 (1983).

⁹ See *Theron J. Barham*, 34 ECAB 1070 (1983) (where the Board found that a vague and unrationalized medical opinion on causal relationship had little probative value).

Additionally, in none of Dr. Foster's notes or reports does he note the employment factors or activities believed to have caused or contributed to appellant's hand condition.¹⁰ For instance, Dr. Foster did not identify any specific work activity that caused appellant's condition. He merely noted that she performed repetitive motion at work. His reports do not include a rationalized opinion regarding the causal relationship between appellant's carpal tunnel syndrome condition and the factors of employment believed to have caused or contributed to such condition.¹¹ Therefore, these reports are insufficient to meet appellant's burden of proof.

Dr. Leppard's opinion is also insufficient to support appellant's burden. In her December 2, 2002 report, Dr. Leppard indicates that appellant decreased median nerve sensation and a negative Tinel's sign at the elbow and wrist, which she concluded was "highly suspicious for carpal tunnel syndrome." Dr. Leppard's impression that appellant's "hand pain and numbness" together with her physical findings was "highly suspicious for carpal tunnel syndrome" is couched in speculative terms and is not supported by any objective evidence as Dr. Leppard noted that there were no objective tests and recommended appellant undergo an electromyogram.¹² Furthermore, the physician failed to provide any medical rationale explaining how appellant's carpal tunnel syndrome was causally related to her activities at work. Due to these deficiencies, Dr. Leppard's report is of diminished probative value and is insufficient to establish appellant's claim of disability.

Appellant has failed to submit any rationalized medical evidence supporting her claim that she has carpal tunnel syndrome causally related to employment factors. The Board finds that the Office properly denied her claim.

¹⁰ See *Cowan Mullins*, 8 ECAB 155, 158 (1955) (where the Board held that a medical opinion based on an incomplete history was insufficient to establish causal relationship).

¹¹ See *Theron J. Barham*, *supra* note 9.

¹² See *James Mack*, 43 ECAB 321 (1991).

The December 12, 2002 decision of the Office of Workers' Compensation Programs is hereby affirmed.

Dated, Washington, DC
June 3, 2003

Colleen Duffy Kiko
Member

David S. Gerson
Alternate Member

A. Peter Kanjorski
Alternate Member