

U. S. DEPARTMENT OF LABOR

Employees' Compensation Appeals Board

In the Matter of PRESTON GARRISON and DEPARTMENT OF VETERANS AFFAIRS,
VETERANS ADMINISTRATION MEDICAL CENTER, Montgomery, AL

*Docket No. 03-1403; Submitted on the Record;
Issued October 9, 2003*

DECISION and ORDER

Before ALEC J. KOROMILAS, COLLEEN DUFFY KIKO,
MICHAEL E. GROOM

The issue is whether appellant has established that his carpal tunnel syndrome was sustained in the performance of duty.

On November 6, 2002 appellant, then a 49-year-old supply technician, filed a notice of occupational disease and claim for compensation, Form CA-2, alleging that he developed bilateral carpal tunnel syndrome from typing. Appellant's supervisor did not indicate whether appellant stopped working.

By letter dated November 20, 2002, the Office of Workers' Compensation Programs advised appellant that the information submitted was not sufficient to determine whether appellant was eligible for benefits under the Federal Employees' Compensation Act.¹ The Office advised appellant of the additional factual and medical evidence needed to support his claim. Appellant was directed to provide a comprehensive medical report from his treating physician which included a history of the injury, the employment factors leading to the injury and a clear diagnosis of appellant's condition.

By decision dated February 3, 2003, the Office denied appellant's claim. The Office found that, while the evidence of record supported appellant experienced the claimed work factor, typing and other repetitive motions, the evidence did not establish that a condition had been diagnosed in connection with the work factor as there was no medical evidence submitted in the claim.

On February 8, 2003 appellant requested reconsideration of the Office's February 3, 2003 decision. Appellant enclosed a narrative statement regarding his work duties and his alleged injury. Appellant submitted a medical report from Dr. Jayesh J. Patel, dated December 26, 2002. Dr. Patel noted that appellant was examined that day for complaints of numbness and tingling in

¹ 5 U.S.C. §§ 8101-8193.

both hands for the last three months. Dr. Patel indicated that appellant suffered from acialis tendon pain and ordered an electromyogram (EMG) to rule out carpal tunnel syndrome. Appellant also enclosed a report from Dr. Jeffrey K. Eng, a Board-certified specialist in physical medicine and rehabilitation, dated January 28, 2003. Dr. Eng noted that nerve conduction studies and an EMG were performed and diagnosed appellant's condition as bilateral mild carpal tunnel syndrome.

Additionally, a copy of appellant's employee health record was filed. An entry, dated November 5, 2002, noted that appellant was seen for complaint of tingling and discomfort in both hands for several months, "left hand worse and worse when keyboarding." The record noted an impression of "bilateral wrist pain left more than right." Appellant was advised of the correct hand position for keyboarding, given hand exercises to perform and a splint to wear on his left wrist while working. This report was written by Mary S. Lovelady, a certified registered nurse practitioner and signed by Dr. Mahgoub A. Eltoum, a Board-certified internist.

By letter dated March 24, 2002,² the employing establishment responded to appellant's request for reconsideration. The employing establishment noted that appellant was required to use the computer as part of his duties; averaging less than four hours per day on the computer. The employing establishment also noted appellant's other duties, which included stocking, organizing and cleaning shelves and assisting in other areas as needed.

In a decision dated April 28, 2003, the Office noted that, although Dr. Eng's report diagnosed appellant's condition as bilateral carpal tunnel syndrome, the physician's opinion did not address the cause of appellant's condition or explain how appellant's work duties contributed to his condition. The Office modified its previous decision dated February 3, 2003 to find that, while appellant established that he sustained bilateral carpal tunnel syndrome, he failed to establish a causal relation between the condition and his work duties.

The Board finds that appellant has not met his burden of proof establishing that he sustained bilateral carpal tunnel syndrome in the performance of duty.

An employee seeking benefits under the Act has the burden of establishing that the essential elements of his or her claim including the fact that the individual is an "employee of the United States" within the meaning of the Act, that the claim was timely filed within the applicable time limitation period of the Act, 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.³ These are essential elements of each and every compensation claim regardless of whether the claim is predicated upon a traumatic injury or an occupational disease.⁴

² It is apparent this is a typographical error, the correct date is March 24, 2003.

³ *Elaine Pendleton*, 40 ECAB 1143 (1989).

⁴ *Daniel J. Overfield*, 42 ECAB 718, 721 (1991); *Victor J. Woodhams*, 41 ECAB 345 (1989).

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 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. The medical evidence required to establish causal relationship, generally, is rationalized medical opinion evidence. Rationalized medical opinion evidence is medical evidence, which includes a physician's rationalized opinion of 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, must be one of reasonable medical certainty 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.⁵

It is not disputed that appellant was diagnosed with carpal tunnel syndrome or that he types and uses his hands in his employment. However, appellant has not provided rationalized medical opinion evidence supporting a causal relation between his bilateral carpal tunnel syndrome and his work conditions.

Appellant's burden of proof includes the necessity to submit rationalized medical evidence establishing that his claimed condition is causally related to employment factors. Appellant has not submitted such evidence and has not met his burden of proof in establishing his claim.

Dr. Eng made a diagnosis of mild bilateral carpal tunnel syndrome; however, he did not indicate that appellant's wrist condition was causally related to appellant's work activity. Dr. Eltoun also offered no opinion regarding whether appellant's employment caused or aggravated the diagnosed condition. Since neither physician has provided an opinion relating appellant's claimed condition to factors of his federal employment, appellant has not met his burden of proof.⁶

⁵ *Id.*

⁶ The question of causal relationship is a medical one and must be resolved by probative medical evidence. *Margaret Cravello*, 54 ECAB ____ (Docket No. 03-256, issued March 24, 2003). A temporal relationship alone is insufficient to establish a causal relationship. *Louis T. Blair, Jr.*, 54 ECAB ____ (Docket No. 02-2289, issued January 16, 2003).

The decision of the Office of Workers' Compensation Programs dated April 28, 2003 is hereby affirmed.

Dated, Washington, DC
October 9, 2003

Alec J. Koromilas
Chairman

Colleen Duffy Kiko
Member

Michael E. Groom
Alternate Member