The issue is whether appellant established that she developed bilateral carpal tunnel syndrome causally related to factors of her federal employment.

On May 3, 2002 appellant, then a 49-year-old clerk, filed an occupational disease claim alleging that she developed bilateral carpal tunnel syndrome in the performance of duty. She did not identify any work factors alleged to have caused her condition. Appellant did not stop work. In support of her claim, appellant submitted a nerve conduction study report dated April 23, 2002 from Dr. James U. Adelman, a Board-certified neurologist, and a May 3, 2002 Form CA-17 duty status report from a physician whose signature is illegible. Both documents noted a diagnosis of carpal tunnel syndrome.

By letter dated May 24, 2002, the Office of Workers’ Compensation Programs informed appellant of the type of medical and factual evidence needed to support her claim. The Office asked her to submit a comprehensive medical report from a physician and left the record open for 30 days for the submission of such evidence. By separate letter also dated May 24, 2002, the Office asked the employing establishment to provide additional information regarding the nature of appellant’s job.

In a response dated June 19, 2002, the employing establishment provided appellant’s job description and described the duties of her position, which included several keying activities.

In a decision dated July 18, 2002, the Office denied appellant’s claim finding that she did not provide supportive medical evidence to establish that she developed carpal tunnel syndrome in the performance of duty.

The Board finds that appellant has not established that she developed bilateral carpal tunnel syndrome causally related to factors of her federal employment.
In order 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 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 diagnosed condition is causally related to the employment factors identified by the claimant.\(^1\) Causal relationship is a medical question that can generally be resolved only by rationalized medical opinion evidence.\(^2\) Moreover, neither the mere fact that a disease or condition manifests itself during a period of employment nor the belief of claimant that the disease or condition was caused or aggravated by employment factors or incidents is sufficient to establish causal relationship.\(^3\)

The medical evidence of record fails to demonstrate that appellant’s bilateral carpal tunnel syndrome is employment related. The evidence consists of an April 23, 2002 nerve conduction study report from Dr. Adelman, who stated that appellant’s test results were indicative of bilateral median nerve entrapment at the wrists, strongly suggestive of carpal tunnel, worse since 1993 and 1997. Dr. Adelman did not address the cause of this condition or address appellant’s employment duties. In addition, the record contains a Form CA-17 duty status report that included a diagnosis of carpal tunnel syndrome. The physician’s signature is illegible and the report does not contain any discussion as to the cause of the diagnosed condition. Finally, the record contains additional progress notes dated May 13 and June 4, 2002, also from a physician whose signature is illegible. The physician indicated that appellant felt frustrated and depressed by problems in her home life and further indicated that she was out of work with carpal tunnel syndrome, but did not discuss the cause of appellant’s condition or its relationship, if any, to her employment. As there is no probative medical evidence demonstrating a causal relationship between appellant’s bilateral carpal tunnel syndrome and her federal employment, the Office properly denied appellant’s claim.\(^4\)

\(^1\) Victor J. Woodhams, 41 ECAB 345 (1989).

\(^2\) See Robert G. Morris, 48 ECAB 238 (1996). A physician’s opinion on the issue of whether there is a causal relationship between the claimant’s diagnosed condition and the implicated employment factors must be based on a complete factual and medical background of the claimant. Victor J. Woodhams, supra note 1. Additionally, in order to be considered rationalized, the opinion must be expressed in terms of a reasonable degree of medical certainty and must be supported by medical rationale, explaining the nature of the relationship between the diagnosed condition and claimant’s specific employment factors. Id.

\(^3\) Charles E. Evans, 48 ECAB 692 (1997); Minnie L. Bryson, 44 ECAB 713 (1993); Froilan Negron Marrero, 33 ECAB 796 (1982).

\(^4\) The Board notes that, subsequent to the Office’s July 18, 2002 decision, appellant submitted additional medical evidence to the Office. She also submitted additional medical evidence to the Board with her appeal. The Board cannot consider this evidence, however, as its review of the case is limited to the evidence of record that was before the Office at the time of its final decision. 20 C.F.R. § 501.2(c). Appellant can resubmit this evidence to the Office, together with a written request for reconsideration.
The July 18, 2002 decision of the Office of Workers’ Compensation Programs is hereby affirmed.

Dated, Washington, DC
September 26, 2003

Alec J. Koromilas
Chairman

David S. Gerson
Alternate Member

A. Peter Kanjorski
Alternate Member