

mail and pushing mail containers.² She indicated that she first became aware of her condition on March 9, 2003. Appellant provided a written statement describing her work duties beginning in 1988. The Office controverted her claim.

In a form report dated July 21, 2003, Dr. Loretta Tibbels, appellant's attending family practitioner, indicated that appellant could return to work on that date with certain physical restrictions. She did not provide a medical diagnosis or indicate why appellant was disabled.

By letter dated August 5, 2003, the office advised appellant that she needed to provide additional evidence in support of her claim, including a comprehensive medical report with a rationalized explanation of the causal relationship between the diagnosed medical condition and her employment.

In a narrative report dated September 1, 2003, Dr. Tibbels stated that appellant was examined on March 11, 2003 for neck pain, numbness and tingling of the right hand and arm. She reported that all diagnostic testing, consisting of x-rays, magnetic resonance imaging scans electromyograms, was normal. Dr. Tibbels stated that, due to the negative test results, "I am left with a diagnosis of overuse/repetitive motion syndrome with associated right shoulder, neck and arm pain."

By decision dated September 18, 2003, the Office denied appellant's claim on the grounds that the medical evidence did not establish that she sustained an injury to her neck and shoulder causally related to factors of her federal employment.

LEGAL PRECEDENT

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.³

The medical evidence required to establish a causal relationship is rationalized medical opinion evidence.⁴ Rationalized medical opinion evidence is medical evidence which includes a

² Appellant has an accepted claim for a right trapezius muscle strain sustained in December 2001, under file number 112008283. She filed a claim for a recurrence of disability on March 9, 2003 under this file number. The Office denied her recurrence claim by decisions dated April 29 and July 9, 2003. The Board affirmed those Office decisions on December 22, 2003 under Docket No. 03-2229.

³ *Victor J. Woodhams*, 41 ECAB 345 (1989).

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

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, 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 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 claimant's belief that the condition was caused or aggravated by employment conditions is sufficient to establish causal relationship.⁶

ANALYSIS

Dr. Tibbels, appellant's attending physician, indicated that all objective testing of appellant was normal and, therefore, she "[was] left with a diagnosis of overuse/repetitive motion syndrome." She failed to provide sufficient medical rationale explaining how this condition was causally related to factors of appellant's employment. Dr. Tibbels did not describe the specific work activities that caused the overuse syndrome. Her statement that she was "left with" a diagnosis of overuse syndrome because all objective testing was normal suggests speculation rather than a definite diagnosis. Due to these deficiencies, Dr. Tibbels' opinion on causal relationship is insufficient to establish that appellant sustained an injury to her neck and shoulder causally related to factors of her employment.

⁵ *Gary L. Fowler*, 45 ECAB 365 (1994); *James D. Carter, Jr.*, 43 ECAB 113 (1991); *Victor J. Woodhams*, *supra* note 3.

⁶ *Robert A. Boyle*, 54 ECAB ____ (Docket No. 02-2177, issued January 27, 2003); *Donna L. Mims*, 53 ECAB ____ (Docket No. 01-1835, issued August 13, 2002); *Dennis M. Mascarenas*, 49 ECAB 215 (1997).

CONCLUSION

Appellant has failed to submit sufficient medical evidence to establish that she sustained an injury to her neck and shoulder causally related to factors of her federal employment.

ORDER

IT IS HEREBY ORDERED THAT the decision of the Office of Workers' Compensation Programs dated September 18, 2003 is affirmed.

Issued: April 1, 2004
Washington, DC

Alec J. Koromilas
Chairman

Colleen Duffy Kiko
Member

David S. Gerson
Alternate Member