



activities. Appellant claimed that she had to move her hands continuously and repetitively which made her shoulders worse, and she noted that she had undergone an operation on December 21, 2000. Appellant continued to work limited duty pursuant to a previous injury.<sup>1</sup>

In support of her claim, appellant submitted an April 1, 2003 request to the Office for authorization of a second opinion examination for both arms and shoulders. Appellant indicated that before and after the operation she still had pain in both arms and now had added pain in her shoulders that made her arms numb.

Also submitted was an April 1, 2003 Form CA-17 which was incomplete and signed illegibly. No descriptions of clinical findings or diagnoses were given and the form indicated that appellant could resume work that date with restrictions of no forceful gripping and no heavy lifting greater than two pounds. In an accompanying illegibly signed note of the same date, the foregoing restrictions were included. Further, the note revealed that appellant could resume her regular duties after April 22, 2003.

By letter dated May 13, 2003, the Office advised that the submitted evidence was insufficient to establish her claim and requested that appellant provide a description of the employment factors that she implicated in causing her condition and a comprehensive narrative medical report including clinical findings and diagnostic testing results and a rationalized medical opinion explaining the causal relationship between the implicated employment factors and the condition(s) found.

In a May 14, 2003 letter, appellant provided her working history and noted her implicated employment activities as including sorting mail into cases above the shoulders, throwing parcels into hampers, carrying bundles or bags of mail to the cases, sorting trays of letters, pushing and pulling containers of mail and culling the mail. She also implicated sliding mail into the machine, typing with the right hand, ledging the mail on tables and dispatching mail. Appellant described how her symptoms evolved.

Also submitted was a May 7, 2003 report from Dr. Richard K. Thomas, a Board-certified orthopedic surgeon, who discussed appellant's symptomatic history and her left wrist surgical procedure, which did resolve a significant amount of discomfort, but he noted that she again developed pain in her upper extremities which radiated into her shoulders and neck. He discussed the results of his clinical examination and various positive and negative testing results, and he diagnosed "diffuse bilateral upper extremity complaints, etiology undetermined. Question mild right carpal tunnel syndrome, status post Darrach excision, left wrist. [And] Question mild impaction, right wrist." Dr. Thomas opined that the majority of appellant's difficulties were nonoperative.

By decision dated June 18, 2003, the Office rejected appellant's claim finding that, although it accepted that she was exposed to the employment factors implicated, the medical evidence of record did not support that she developed any diagnosed condition causally related to

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<sup>1</sup> The prior accepted injury was assigned File No. 10-0504499 by the Office. The record does not reveal the nature of the prior accepted injury and the facts and the circumstances surrounding it.

those factors. The Office noted that Dr. Thomas's report did not provide any definite diagnosis for appellant's constellation of symptoms and did not discuss any causal relationship with the implicated factors of her employment.

### **LEGAL PRECEDENT**

An employee seeking benefits under the Federal Employees' Compensation Act<sup>2</sup> has the burden of establishing the essential elements of his claim, including the fact that he or she 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.<sup>3</sup>

To establish that an injury was sustained in the performance of duty in an occupational disease claim, a claimant must submit the following: (1) a factual statement identifying the employment factors alleged to have caused or contributed to the presence or occurrence of the disease or condition;<sup>4</sup> (2) medical evidence establishing the presence or existence of the disease or condition for which compensation is claimed;<sup>5</sup> 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.<sup>6</sup> 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 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,<sup>7</sup> must be one of reasonable medical certainty<sup>8</sup> and must be supported by affirmative medical rationale explaining the nature of the relationship between the diagnosed condition and the specific employment factors identified by

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<sup>2</sup> 5 U.S.C. § 8101 *et seq.*

<sup>3</sup> *Elaine Pendleton*, 40 ECAB 1143, 1145 (1989).

<sup>4</sup> *See Walter D. Morehead*, 31 ECAB 188, 194 (1979).

<sup>5</sup> *See Ronald K. White*, 37 ECAB 176, 178 (1985).

<sup>6</sup> *See generally Lloyd C. Wiggs*, 32 ECAB 1023, 1029 (1981).

<sup>7</sup> *William Nimitz, Jr.*, 30 ECAB 567, 570 (1979).

<sup>8</sup> *See Morris Scanlon*, 11 ECAB 384, 385 (1960).

the claimant.<sup>9</sup> Medical opinions which are speculative or equivocal in character have little probative value.<sup>10</sup> Further, medical reports not signed by a physician have no probative value in establishing causal relationship.<sup>11</sup>

### ANALYSIS

In the instant case, appellant has established that she is an employee of the United States and that her claim was timely filed. However, she has not established that she sustained an injury in the performance of duty as alleged.

Appellant alleged that she developed a variety of upper extremity symptoms including bilateral hand, wrist, arm, elbow and shoulder pain and numbness, which she related to the performance of her duties. The Office accepted that she had performed her duties as alleged, but it found that the medical evidence was insufficient to establish that a specific medical condition resulted from these duties.

The medical evidence submitted with appellant's claim form consisted of standardized form reports which did not contain any diagnosis or description of clinical findings and some of which were unsigned or illegibly signed, such that the author could not be determined. Consequently these reports were of no probative value and did not establish appellant's occupational illness claim as it cannot be discerned whether a physician signed the reports.<sup>12</sup>

After the Office requested a detailed medical narrative, appellant submitted a report from Dr. Thomas which diagnosed "diffuse bilateral upper extremity complaints, etiology undetermined, [q]uestion mild right carpal tunnel syndrome, status post Darrach excision, left wrists, [and] [q]uestion mild impaction, right wrist." None of these diagnoses are definite or affirmative or are supported by the evidence or record, as the first specifically states that the etiology is unknown, the second and last include that the speculative diagnoses were questionable and the third was merely a description of previous surgery that was not shown to be employment related. Therefore, Dr. Thomas failed to provide any definite occupationally-related diagnosis for appellant's condition. Moreover, he did not even discuss the causal relationship of any of these speculative diagnoses with any of the implicated factors of appellant's employment. Consequently, Dr. Thomas's May 7, 2003 report is of diminished probative value and is insufficient to establish appellant's occupational illness claim.

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<sup>9</sup> See *Connie Johns*, 44 ECAB 560 (1993); *William E. Enright*, 31 ECAB 426, 430 (1980).

<sup>10</sup> *Linda I. Sprague*, 48 ECAB 386 (1997); *Jennifer L. Sharp*, 48 ECAB 209 (1996).

<sup>11</sup> *Sheila A. Johnson*, 46 ECAB 323 (1994).

<sup>12</sup> See *Merton J. Sills*, 39 ECAB 572 (1988); see also *Sheila A. Johnson*, *supra* note 11.

**CONCLUSION**

Under the circumstances presented, the Board finds that appellant has failed to meet her burden of proof to establish that she sustained bilateral shoulder and upper extremity conditions in the performance of duty causally related to factors of her federal employment.

**ORDER**

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

Issued: February 13, 2004  
Washington, DC

Colleen Duffy Kiko  
Member

David S. Gerson  
Alternate Member

A. Peter Kanjorski  
Alternate Member