

ISSUES

The issues are: (1) whether appellant established that he sustained right carpal tunnel syndrome while in the performance of duty; and (2) whether appellant established that he sustained a heart condition causally related to factors of his federal employment.

FACTUAL HISTORY

On June 26, 2003 appellant, then a 55-year-old merchant marine seaman, filed a notice of occupational disease alleging that he developed right carpal tunnel syndrome as a result of work factors. Appellant noted that he first became aware of his hand and wrist condition on August 1, 2002; however, he was aboard ship and was unable to see a physician until he was relieved from duty. Appellant filed an additional occupational disease claim on June 26, 2003, alleging that he experienced chest pain whenever he was required to lift, walk or climb stairs in the performance of duty. Appellant did not miss any time from work with respect to these alleged conditions.

In support of his claims for compensation, appellant submitted copies of reports of stress echocardiograms dated December 12, 2002 and January 22, 2003, which showed left ventricular hypertrophy. The record contains a heart and chest x-ray report, dated July 21, 1999, showing cardiac enlargement with unfolding of the thoracic aorta. Medical treatment notes from the employing establishment's health unit are dated November 22, 2002 through February 22, 2003 and indicate that appellant was seen for hypertension and diabetes. An x-ray report dated May 13, 2003 shows minimal degenerative changes in appellant's right wrist.

In a report dated June 4, 2003, Dr. Fernando R. Montoya, a Board-certified internist, noted that he had first seen appellant on December 2, 2002 for treatment of long-standing diabetes mellitus type II and complaints of chest pain on exertion. He referenced that a stress echocardiogram obtained on December 12, 2002 confirmed that appellant had left ventricular hypertrophy. Dr. Montoya stated that appellant was seen again on May 13, 2003 for swelling of the right wrist and hand with a suspected diagnosis of carpal tunnel syndrome so electromyography/nerve conduction studies were scheduled. He diagnosed diabetes, hypertension, diabetic retinopathy, diabetic neuropathy, failed fusion of right hallux interphalangeal joint,⁴ carpal tunnel syndrome of the right wrist and osteoarthritis of the right hand. Appellant was not placed under medical restrictions.

In a statement received by the Office on July 8, 2003, appellant alleged that long hours of heavy lifting had caused a muscle to pull away from his ribs and that he suffered from chest pain, left arm numbness and rib pain due to the lifting requirements of his job. In another statement received by the Office on July 22, 2003, appellant alleged that he also developed right wrist pain as a result of continuously lifting heavy items at work.

On July 14, 2003 the Office advised appellant of the medical and factual evidence required to establish his claims for compensation, including the necessity that he submit a

⁴ Appellant was seen on January 14, 2003 by a podiatrist for treatment of on-going diabetic sores and an infection to the right big toe. This evidence is not relevant to his current claims.

rationalized medical opinion addressing how each of his diagnosed conditions were causally related to the alleged work factors.

On September 4, 2003 the Office issued a decision denying appellant's claim for right carpal tunnel syndrome and another decision denying his claim for a heart condition. In both decisions, the Office found that the medical evidence was insufficient to establish that appellant's diagnosed medical conditions were causally related to work factors.

LEGAL PRECEDENT -- ISSUES 1 and 2

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 diagnosed condition is causally related to the employment factors identified by the claimant. A medical opinion 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 Board has held that opinions based on an incomplete history or, which are speculative or equivocal in character have little probative value on the issue of causal relationship.⁶

ANALYSIS -- ISSUE 1

In this case, the medical evidence is insufficient to establish that appellant suffers from right carpal tunnel syndrome due to work factors. Although there is a June 4, 2003 report from Dr. Montoya diagnosing right carpal tunnel syndrome and osteoarthritis of the right wrist, the Board notes that Dr. Montoya did not offer an opinion on the issue of causal relationship. He did not reference appellant's work history or discuss how appellant's right hand conditions were due to the work factors identified by appellant such as heavy lifting. Additionally, the Board notes that appellant is unable to rely on x-ray report or medical records documenting his medical treatment if there is no physician to offer an opinion that his diagnosed condition is work related.⁷

The Office specifically advised appellant of his burden to submit a rationalized medical opinion explaining how the alleged work factors are causally related to his diagnosed condition, but he did not comply with that request. In the absence of a rationalized medical opinion to establish that appellant developed right carpal tunnel syndrome as a result of factors of his employment, the Board must find that the Office properly denied his claim for compensation.

⁵ *Solomon Polen*, 51 ECAB 441 (2000); *see also Michael E. Smith*, 50 ECAB 313 (1999).

⁶ *Vaheh Mokhtarians*, 51 ECAB 190 (1999).

⁷ *Michael E. Smith*, *supra* note 5.

ANALYSIS -- ISSUE 2

The Board also finds that appellant has failed to establish that he has a work-related heart condition or that he sustained a pulled chest muscle as a result of heavy lifting while in the performance of duty. The record indicates that appellant has left ventricular hypertrophy as confirmed by the results of the stress echocardiogram. Medical records also indicate that he was treated for hypertension and chest pain. Dr. Montoya diagnosed, in his June 4, 2003 report, that appellant suffered from hypertension but the physician did not address the etiology of that condition. Dr. Montoya did not offer an opinion that appellant's heart condition was causally related to work factors. Because appellant did not submit a rationalized medical opinion that stated that his heart condition was caused or aggravated by factors of his employment, the Board finds that the Office properly denied his claim for compensation.⁸

CONCLUSION

The Board finds that appellant failed to satisfy his burden of proof to establish that he sustained right carpal tunnel syndrome while in the performance of duty. The Board also finds that appellant failed to establish that he has a heart condition causally related to factors of his federal employment.

ORDER

IT IS HEREBY ORDERED THAT the decisions of the Office of Workers' Compensation Programs dated September 4, 2003 are affirmed.

Issued: March 19, 2004
Washington, DC

Colleen Duffy Kiko
Member

David S. Gerson
Alternate Member

Willie T.C. Thomas
Alternate Member

⁸ *Id.*