United States Department of Labor
Employees' Compensation Appeals Board

AHMED HASSAN, Appellant	)	
and	)	**Docket No. 05-1542**
	)	**Issued: March 7, 2006**
U.S. POSTAL SERVICE, PROCESSING & DISTRIBUTION CENTER, Seattle, WA, Employer	)	

Appearances:
Gordon Reiselt, Esq., for the appellant
Office of Solicitor, for the Director

Case Submitted on the Record

DECISION AND ORDER

Before:
ALEC J. KOROMILAS, Chief Judge
DAVID S. GERSON, Judge
MICHAEL E. GROOM, Alternate Judge

JURISDICTION

On July 14, 2005 appellant filed a timely appeal of July 20, 2004 and April 15, 2005 decisions of the Office of Workers' Compensation Programs that found he had not established that his current left wrist condition was causally related to his accepted December 18, 2001 employment injury. Pursuant to 20 C.F.R. §§ 501.2(c) and 501.3, the Board has jurisdiction to review the merits of this case.

ISSUE

The issue is whether appellant has established that his treatment for a left wrist condition in 2004 was causally related to his accepted December 18, 2001 employment injury.

FACTUAL HISTORY

On December 18, 2001 appellant, then a 34-year-old clerk, filed a claim for compensation for a traumatic injury to his left arm sustained on that date when something fell on

it while he was unloading a container. Appellant reported this injury to his supervisor on the date it occurred, but advised him that it did not hurt and that he did not need medical attention.

On December 21, 2001 appellant was seen at a hospital emergency department, where an x-ray was negative, a contused left wrist was diagnosed, and work restrictions were prescribed. On December 24, 2001 appellant stopped work. In a December 26, 2001 report, Dr. John Olson, a Board-certified family practitioner, stated that appellant had left wrist pain consistent with an occult scaphoid fracture or de Quervain's tenosynovitis, and that he could return to work with a restriction against left hand usage. On December 28, 2001 he accepted an employing establishment offer of temporary limited duty with no use of the left hand, but he did not return to work.

On January 3, 2002 appellant was examined by Dr. Michael Blatner, a Board-certified plastic surgeon, who set forth a history that the left wrist became extremely painful the third day after a December 18, 2001 injury in which a heavy mailbag fell on his wrist. Dr. Blatner diagnosed a crush injury to the left hand with tendinitis in the first dorsal compartment. He stated: "More than likely, this is related to the crush injury, although there possibly may be an element of tendinitis that predates this injury. More than likely, it is totally from his job at the U.S. Postal Service." Dr. Blatner provided a corticosteroid injection to appellant's left wrist and a thumb spica splint, and stated in a January 24, 2002 report that this treatment for signs and symptoms of de Quervain's tenosynovitis related to his crush injury helped quite a bit. Dr. Blatner prescribed light duty and physical therapy.

Effective January 25, 2002 the employing establishment terminated appellant's temporary employment for unsatisfactory job performance and being absent without leave. In a February 14, 2002 report, Dr. Blatner stated that appellant was much better but still had residuals at the first dorsal compartment. He stated that appellant could return to work. In a March 25, 2002 report, Dr. Blatner stated that appellant was much better but still experienced residual wrist pain with dorsiflexion.

On May 13, 2002 the Office advised appellant that it had accepted his claim for a left wrist contusion. By decision dated June 13, 2002, the Office found that appellant was not entitled to continuation of pay for the reason that the medical evidence was not sufficient to establish he was totally disabled. In a June 17, 2002 report, Dr. Blatner stated that appellant's wrist was better but that certain positions resulted in extreme pain at the first dorsal compartment. In a July 22, 2002 report, Dr. Blatner stated that appellant was beginning to have some symptoms again at the first dorsal compartment, which was more painful with, and sometimes without, motion. He felt appellant had "tendinitis secondary to the localized swelling [at] the first dorsal compartment that began with a crush injury," and administered another corticosteroid injection there.

On April 5, 2004 appellant filed a claim for a recurrence of medical treatment only. He submitted a February 3, 2004 report from Dr. Blatner, who stated that he was examining appellant for the first time since July 22, 2002. Examination revealed "perhaps mild swelling

over the first dorsal compartment" a mildly positive Finkelstein's sign, and mild pain with resisted extension of the metacarpophalangeal joint. Dr. Blatner's impression was as follows:

> "Persistent symptoms at the left wrist. This may be a residual of the injury for which I treated him in 2002. His problem began with a crush type injury that occurred on December 18, 2001 when a heavy bag struck the radial aspect of his left wrist. His evaluation on January 3, 2002 was consistent with first dorsal compartment tendinitis. The pathophysiology of the tendinitis was thought to be due to injury directly to the tendons or the tendon sheath leading to inflammation. The corticosteroid injection, while improving his symptoms, did not totally resolve them; there may be other causes of his persistent symptoms besides tendinitis in the first dorsal compartment. His examination today reveals symptoms in the same anatomic area and it seems to be the same problem he had when seen in 2002."

By letter dated June 17, 2004, the Office advised appellant that the evidence was insufficient to establish that his recurrence was related to his original work injury, and requested that he submit further factual and medical evidence.

By decision dated July 20, 2004, the Office found that appellant had not established that his current left wrist condition was causally related to his accepted employment injury. Appellant requested a hearing, which was held on February 23, 2005. He testified that he had no problems with his left wrist or hand before the December 18, 2001 employment injury. By decision dated April 15, 2005, an Office hearing representative found that the medical evidence was speculative and unrationalized, and therefore insufficient to establish that his current left wrist condition was causally related to his accepted employment injury.

LEGAL PRECEDENT

Appellant has the burden of establishing that he sustained a recurrence of a medical condition[1] that is causally related to his accepted employment injury. The evidence generally required to establish causal relationship is rationalized medical opinion evidence. The claimant must submit a rationalized medical opinion that supports a causal connection between her current condition and the employment injury. The medical opinion must be based on a complete factual and medical background with an accurate history of the claimant's employment injury and must explain from a medical perspective how the current condition is related to the injury.[2]

[1] Recurrence of medical condition is defined by 20 C.F.R. § 10.5(y) as "a documented need for further medical treatment after release from treatment for the accepted condition or injury when there is no accompanying work stoppage. Continuous treatment for the original condition or injury is not considered a 'need for further medical treatment after release from treatment,' nor is an examination without treatment."

[2] *Joan R. Donovan*, 54 ECAB 615 (2003).

ANALYSIS

The Office accepted that appellant sustained a contusion of his left wrist on December 18, 2001. Dr. Blatner, a Board-certified plastic surgeon, treated him for this condition and for tendinitis that he stated was "more than likely … related to the crush injury" from January 3 to July 22, 2002. Dr. Blatner next treated appellant on February 3, 2004 and appellant's April 5, 2004 claim for a recurrence of medical condition sought payment for further treatment by Dr. Blatner.

To be entitled to such further treatment, appellant must submit rationalized medical evidence that the requested treatment is causally related to his accepted employment injury. While the opinion of a physician supporting causal relationship need not be one of absolute medical certainty, the opinion must not be speculative or equivocal. The opinion should be expressed in terms of a reasonable degree of medical certainty.[3]

The Board finds that the medical evidence is insufficient to establish that appellant's recurrence of medical condition in February 2004 is causally related to his December 18, 2001 employment injury. The only medical report that addresses this issue is Dr. Blatner's February 3, 2004 report, which stated that appellant's persistent symptoms at the left wrist "may be a residual of the injury for which I treated him in 2002." This statement is too speculative to meet appellant's burden of proof, as is Dr. Blatner's statement that "it seems to be the same problem he had when seen in 2002."

CONCLUSION

The Board finds that appellant has not established that his treatment for a left wrist condition in 2004 was causally related to his accepted December 18, 2001 employment injury.

[3] *Ricky S. Storms*, 52 ECAB 349 (2001); *Judith J. Montage*, 48 ECAB 292 (1997).

ORDER

IT IS HEREBY ORDERED THAT the April 15, 2005 and July 20, 2004 decisions of the Office of Workers' Compensation Programs are affirmed.

Issued: March 7, 2006
Washington, DC

Alec J. Koromilas, Chief Judge
Employees' Compensation Appeals Board

David S. Gerson, Judge
Employees' Compensation Appeals Board

Michael E. Groom, Alternate Judge
Employees' Compensation Appeals Board