

casing and delivering mail. He stopped work on May 29, 2004. Appellant submitted a June 1, 2004 note from a hospital emergency department diagnosing acute rhomboid strain.

By letter dated June 29, 2004, the Office advised appellant of the evidence needed to establish his claim, including a comprehensive medical report containing an explanation of how his employment contributed to his condition. Appellant submitted an April 22, 2004 report from Dr. Brian Karvelas, a Board-certified physiatrist, stating that he had a history of bilateral carpal tunnel syndrome with persistent flaring symptoms with work-related activities including right shoulder and elbow pain. Dr. Karvelas indicated that the condition began on March 18, 1996 and was permanent, and that appellant could perform the functions of his position.

By decision dated August 5, 2004, the Office found that appellant had not established that his right shoulder or arm condition was causally related to his employment.

In a February 16, 2005 letter, requesting reconsideration, appellant further described the employment duties to which he attributed his condition. He stated that his medical evidence had been submitted under file numbers for his epicondylitis and carpal tunnel claims, but that he had obtained Dr. Karvelas' reports and was submitting them. Appellant submitted a June 3, 2004 form report from Dr. Karvelas who diagnosed right rhomboid strain vs. cervical nerve root impingement. He indicated, by checking a box on the form, that the diagnosis was consistent with the patient's account of the injury, which was that he was working six days a week and his muscles began hurting. Appellant also submitted results of an August 7, 2004 magnetic resonance imaging (MRI) scan of the cervical spine. In an October 22, 2004 report, Dr. Kenneth Blumenfeld, a Board-certified neurosurgeon, set forth a history of excruciating right scapular pain after a long day of work on May 29, 2004 that progressed until appellant's right arm and hand were involved. Dr. Blumenfeld stated that appellant had retired on July 2, 2004 but still had severe symptoms. X-rays showed stenosis at C6-7 but no cord compression, and an electromyogram and nerve conduction studies showed C7 radiculopathy. He recommended cervical spine decompression and fusion.

By decision dated July 12, 2005, the Office found that the medical evidence submitted with appellant's request for reconsideration was insufficient to establish a work-related cervical spine condition and denied modification of its August 5, 2004 decision. The Office noted that appellant had another claim that had been accepted for bilateral carpal tunnel syndrome and right lateral epicondylitis.

LEGAL PRECEDENT

Appellant has the burden of establishing by the weight of the reliable, probative and substantial evidence that his condition was caused or adversely affected by his employment. As part of this burden he must present rationalized medical opinion evidence, based on a complete factual and medical background, showing causal relation. The mere fact that a disease 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 disease became apparent during a period of

employment, nor the belief of appellant that the disease was caused or aggravated by employment conditions, is sufficient to establish causal relation.¹

ANALYSIS

The Board finds that appellant has not established that he has a cervical spine or right shoulder condition causally related to his federal employment. The April 22, 2004 report from Dr. Karvelas indicated that appellant experienced right shoulder and elbow pain with work activities but did not diagnose a right shoulder condition. The June 3, 2004 report from Dr. Karvelas posited two possible diagnoses, right rhomboid strain versus cervical nerve root impingement. Other than stating that appellant had worked six days a week, did not describe any specific work activities that may have caused or aggravated either of the diagnosed conditions. This report is insufficient to meet appellant's burden of proof for the reason that the physician provide no rationale explaining how either condition was related to appellant's employment.² The October 22, 2004 report from Dr. Blumenfeld indicates that appellant has C7 radiculopathy, but contains no opinion as to whether this condition is related to his federal employment.

CONCLUSION

The medical evidence is insufficient to establish that appellant has a cervical spine or right shoulder condition that is causally related to his employment.

¹ *Froilan Negrón Marrero*, 33 ECAB 796 (1982).

² Medical reports not containing rationale on causal relation are entitled to little probative value and are generally insufficient to meet an employee's burden of proof. *Ceferino L. Gonzales*, 32 ECAB 1591 (1981).

ORDER

IT IS HEREBY ORDERED THAT the July 12, 2005 decision of the Office of Workers' Compensation Programs is affirmed.

Issued: March 10, 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