

aggravated by the work she did on the computer. She first became aware of her condition on January 1, 2004 and realized its relationship to her employment on August 29, 2005.

The record reflects that, on July 16, 2003, the Office had accepted the conditions of right forearm strain and cervical strain under Office File No. 13-2078811. Appellant underwent a carpal tunnel release on October 28, 2004. On March 4, 2005 appellant sustained a nonwork-related injury when she fell at home and fractured the ulna of her right arm. She was temporarily totally disabled from March 4 to July 18, 2005. On July 19, 2005 appellant returned to light/modified duty at the employing establishment for two hours a day, five days a week, gradually increasing her hours to four hours a day on August 29, 2005.

By letter dated October 12, 2005, the Office notified appellant that the evidence submitted was insufficient to establish her claim. The Office advised her of the factual and medical evidence needed to support her claim and afforded her 30 days to submit the requested evidence.

The Office received medical reports from Dr. Lindy O'Leary, Board-certified in occupational medicine, dated January 20 and March 8, 2005. On January 20, 2005 Dr. O'Leary stated that appellant's chronic myofascial pain of the neck, back and arms as well as the right carpal tunnel release of October 28, 2004, were slowly resolving. She released appellant to modified duty with restrictions through February 9, 2005. On March 8, 2005 Dr. O'Leary noted that appellant fell at home and fractured the ulna of her right arm the previous Friday. She noted that appellant's treatment for overuse strain and status post right carpal tunnel release was on hold until the cast could be removed.

In an August 29, 2005 report, Dr. Timothy P. Armstrong, a Board-certified neurologist, noted that both of appellant's hands were active with paroxysmal numbness and tingling, her grip strength was poor and that her left thumb had begun to lock. He noted that appellant had seen a Dr. Jaffe in early July 2005 for left upper extremity symptoms and that nerve conduction study was consistent with a "quite mild left carpal tunnel syndrome."¹ He also provided examination findings and stated that the nerve conduction studies revealed a mild left carpal tunnel syndrome, which, when compared to Dr. Jaffe's description, suggested a progression as compared to the right side. Dr. Armstrong opined that appellant had symptoms suggesting carpal tunnel bilaterally and that she had left trigger thumb based on her positive electrodiagnostic testing of the left side, her symptoms and the physical examination findings.

On November 4, 2005 the employing establishment notified the Office that appellant did not receive the development letter as an incorrect address was provided on appellant's initial electronic claim form. The Office resent the development letter allowing appellant until December 12, 2005 to submit the requested evidence.

¹ No reports from a Dr. Jaffe are of record.

By decision dated December 13, 2005, the Office denied appellant's claim on the grounds that she had not established either the factual or medical components of fact of injury.²

LEGAL PRECEDENT

An employee seeking benefits under the Federal Employees' Compensation Act has the burden of establishing the essential elements of her claim, including the fact that the individual is an employee of the United States within the meaning of the Act, that the claim was filed within the applicable time limitation 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. These are the essential elements of each and every compensation claim regardless of whether the claim is predicated upon a traumatic injury or an occupational disease.³

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. 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, 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.⁴

ANALYSIS

The Office denied appellant's claim on December 13, 2005 finding that the factual and medical evidence were insufficient to establish fact of injury. Although appellant did not submit a detailed account of the work factors to which she attributed her left upper extremity symptoms,

² The Board notes that, following the December 13, 2005 decision, the Office received additional factual and medical evidence. As this evidence was not considered by the Office prior to its decision of December 13, 2005, it is new evidence which cannot be considered by the Board. The Board's jurisdiction is limited to reviewing the evidence that was before the Office at the time of its final decision. 20 C.F.R. § 501.2(a). Appellant may resubmit this evidence to the Office, together with a formal request for reconsideration pursuant to 5 U.S.C. § 8128(a) and 20 C.F.R. § 10.606(b).

³ *Phillip L. Barnes*, 55 ECAB ____ (Docket No. 02-1441, issued March 31, 2004); *Gary J. Watling*, 52 ECAB 357 (2001).

⁴ *Victor J. Woodhams*, 41 ECAB 345 (1989).

she noted her use of a computer at work. As there is no substantial evidence to the contrary, the Board finds that appellant's allegation that her left hand and arm condition arose as a result of her work on the computer is sufficient to establish that she used a computer at work in the manner alleged. The issue is whether the medical evidence establishes that her left upper extremity condition was caused or aggravated by this factor of her employment.

The Board finds that the January 20 and March 8, 2005 reports from Dr. O'Leary are of diminished probative value as they fail to discuss or mention any left upper extremity condition. Thus, Dr. O'Leary's reports are insufficient to establish appellant's claim.

In an August 29, 2005 report, Dr. Armstrong provided an impression of left trigger thumb and bilateral carpal tunnel syndrome. However, he failed to provide a reasoned medical opinion explaining how appellant's upper extremity conditions were caused or aggravated by her work on a computer.⁵ Dr. Armstrong's report is insufficient to meet appellant's burden of proof.

While appellant may believe that her work contributed to her left upper extremity conditions, the record contains insufficient medical opinion explaining how her use of a computer caused or aggravated her claimed conditions. In this regard, the Board has held that 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.⁶ Neither the fact that the condition became apparent during a period of employment nor appellant's belief that the employment caused or aggravated her condition is sufficient to establish causal relationship.⁷ Casual relationship must be substantiated by reasoned medical opinion evidence, which is appellant's responsibility to submit.

As there is no probative, rationalized medical evidence addressing and explaining why appellant's claimed medical condition was caused and/or aggravated by her employment exposure, appellant has not met her burden of proof in establishing that she sustained a medical condition in the performance of duty causally related to factors of employment.

CONCLUSION

The Board finds that appellant has not met her burden of proof to establish that her claimed medical conditions were caused or aggravated in the performance of duty commencing January 1, 2004.

⁵ See *Leslie C. Moore*, 52 ECAB 132 (2000).

⁶ *Nicollette R. Kelstrom*, 54 ECAB 570 (2003).

⁷ See *Joe T. Williams*, 44 ECAB 518, 521 (1993).

ORDER

IT IS HEREBY ORDERED THAT the December 13, 2005 decision of the Office of Workers' Compensation Programs is affirmed as modified.

Issued: May 18, 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