



was required to sort mail and perform repetitive work. On the back of the form appellant's date of recurrence was noted as December 1, 2003. She stopped work on April 20, 2005. The Office treated appellant's recurrence of disability claim as a new claim for occupational disease and assigned File No. 022507984. By letter dated November 15, 2004, the Office requested that appellant submit further information.

In nerve conduction studies dated November 26, 2000, Dr. Eilee S. Debbi, a Board-certified physiatrist, diagnosed left carpal tunnel syndrome. In a January 12, 2004 letter, appellant noted that she initially returned to full-duty work with limitations in 1991. In 1995 she started working with the special events unit. Appellant noted that she had not boxed mail since 1988 but was assigned this duty in September 2002 which "put a lot of stress on both my hands and right elbow." In August and September 2003 her job duties again changed to include sorting mail, marking parcels and putting them on racks. She experienced problems with her left hand and wrist. In a letter dated June 21, 2005, the employing establishment controverted the claim.

In an April 19, 2004 report, Dr. Larry Schneck, a Board-certified neurologist, stated that he found no left carpal tunnel syndrome. An examination revealed no atrophy of the left hypothenar eminence or thenar, normal pinch and raise the hand test, negative sensory examination to pin prick and negative Phalen's and Tinel's signs. In a June 18, 2004 report, electrodiagnostic findings of left wrist level revealed mild to moderate median nerve entrapment neuropathy and suggestions of mild chronic right ulnar neuropathy.

In reports dated July 19 and August 17, 2004, Dr. Schneck noted that objective testing revealed mild right ulnar neuropathy and mild left medial nerve entrapment syndrome. On September 13, 2004 he noted that appellant continued to have complaints of pain and that she "feels that the nature of her job causes precipitation and aggravation of her symptoms."

In reports dated July 13 and August 16, 2005, Dr. Daniel Caligiuri, a treating Board-certified orthopedic surgeon, diagnosed bilateral carpal tunnel syndrome and that appellant was currently totally disabled.

On December 9, 2005 the Office received additional factual and medical information including a May 5, 2005 statement by appellant, prescription notes and a disability certificate from Dr. Ronald Jay Walker, a treating Board-certified orthopedic surgeon, who diagnosed bilateral carpal tunnel syndrome. He found that she was disabled from working. Appellant also submitted a June 18, 2004 electromyography study and an August 19, 2004 nerve conduction study.

On December 13, 2005 the Office received additional medical information, including a March 15, 2005 report and follow-up reports subsequent to appellant's left carpal tunnel release surgery from Dr. Caligiuri. On March 15, 2005 he diagnosed left carpal tunnel syndrome, cervical radiculopathy, chronic right ulnar neuropathy and right hand post surgical change post right carpal tunnel release based upon a June 18, 2004 electrophysiological study.

In a letter dated January 12, 2006, the Office informed appellant that her claim would be adjudicated as one for an occupational disease. It requested that she submit evidence for the period December 2003 and April 2004. Appellant was given 30 days to provide the requested

information. In a letter dated February 14, 2006, the Office informed her that the evidence of record was currently insufficient to support her claim. It advised appellant as to the type of medical and factual information required to support her claim.

Appellant submitted a letter detailing her work duties and progress notes for 2004. In a February 15, 2006 report, Dr. Walker stated that he had treated appellant since 2003 for her left hand complaints and that she had carpal tunnel release surgery in August 2005.

By decision dated April 7, 2006, the Office denied appellant's claim on the grounds that the medical evidence was insufficient to establish that her bilateral carpal tunnel syndrome was caused or aggravated by her federal employment.

### **LEGAL PRECEDENT**

An employee seeking benefits under the Federal Employees' Compensation Act has the burden of establishing the essential elements of his or 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 timely filed within the applicable time limitation period of the Act, that the 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.<sup>2</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) medical evidence establishing the presence or existence of the disease or condition for which compensation is claimed; (2) 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 is generally 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.<sup>3</sup>

Recurrence of disability means an inability to work after an employee has returned to work, caused by a spontaneous change in a medical condition which had resulted from a

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<sup>2</sup> Gary J. Watling, 52 ECAB 357 (2001).

<sup>3</sup> Solomon Polen, 51 ECAB 341 (2000).

previous injury or illness without an intervening injury or new exposure to the work environment that caused the illness.<sup>4</sup>

### ANALYSIS

The Office properly treated appellant's claim as one for a new occupational disease.<sup>5</sup> On her claim form, she indicated that her condition was aggravated by job duties of boxing and sorting mail, marking parcels and putting them in racks. She attributed her left wrist condition to new exposures in the work environment and not a spontaneous change related to her prior claim.<sup>6</sup> The Board finds that appellant did not submit sufficient medical evidence from an attending physician addressing how specific employment factors caused or aggravated her claimed condition.

Appellant submitted reports from Dr. Debbi, Dr. Schneck, Dr. Caligiuri and Dr. Walker dated November 26, 2000 to February 15, 2006. They treated her for various conditions including, mild carpal tunnel syndrome bilaterally. The physicians diagnosed mild left carpal tunnel syndrome based on nerve conduction studies that revealed mild left median neuropathy. However, none of the physicians offered any opinion regarding whether appellant's employment caused or contributed to her condition.<sup>7</sup> The medical evidence submitted fails to provide any explanation by an attending physician of how appellant's work duties caused or contributed to her left carpal tunnel condition. The issue of causal relationship is a medical one and must be resolved by probative medical evidence.<sup>8</sup> The medical evidence of record does not establish that appellant's condition was caused or aggravated by her federal job duties. She has not met her burden of proof.

### CONCLUSION

The Board finds that appellant has not established that her left carpal tunnel condition is causally related to her federal employment.

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<sup>4</sup> 20 C.F.R. § 10.5(x). *See also* Federal (FECA) Procedure Manual, Part 2 -- Claims, *Recurrences*, Chapter 2.1500.3(b)(1) (May 1997).

<sup>5</sup> *See* Federal (FECA) Procedure Manual, Part 2 -- Claims, *Recurrences*, Chapter 2.1500.3(b)(2) (January 1995), which states that a recurrence of disability does not include, (e) A condition which results from a new injury, even if it involves the same part of the body previously injured or by renewed exposure to the causative agent of a previously suffered occupational disease.

<sup>6</sup> 20 C.F.R. § 10.5(x).

<sup>7</sup> *Jimmie H. Duckett*, 52 ECAB 332 (2001); *Franklin D. Haislah*, 52 ECAB 457 (2001) (medical reports not containing rationale on causal relationship are entitled to little probative value).

<sup>8</sup> *Luis M. Villaneuva*, 54 ECAB 666 (2003).

**ORDER**

**IT IS HEREBY ORDERED THAT** the decision of the Office of Workers' Compensation Programs dated April 7, 2006 is affirmed.

Issued: November 9, 2006  
Washington, DC

David S. Gerson, Judge  
Employees' Compensation Appeals Board

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

James A. Haynes, Alternate Judge  
Employees' Compensation Appeals Board