

climb and enter and exit his mail vehicle hundreds of times a day with weight and the requirement that he walk over uneven surfaces on February 14, 2006. He noted that he had worked as a mail carrier for 20 years. On the reverse of the form, appellant's supervisor indicated that appellant retired in July 2004.

In his narrative statement, appellant stated that he began to experience right heel pain in 1998 and that his pain spread to the ball of his foot. He experienced bilateral foot pain in 2001 but the pain did not interfere with his ability to perform his job. Appellant sought to alleviate his pain through a bid for a motorized delivery route in 2000. He stated that his current conditions were neuropathy, bone spurs, tarsal tunnel and bilateral foot pain. Appellant attributed his conditions to repetitive trauma at work. He stated:

“I was required to case mail in the morning for approximately 2½ hours standing on my feet and while standing I had to reach, twist, bend, lift, push and pull. Sometimes the [employing establishment] did not provide a rubber mat to stand on. I would walk with approximately 35 [pounds] on my right shoulder at a fast pace delivering mail for about 5½ hours daily. I would climb stairs with weight, walk on uneven surfaces and enter and exit my vehicle hundreds of times a day.”

In a report dated September 17, 2004, Dr. Jay D. Grassell, a Board-certified radiologist, reviewed appellant's x-rays and diagnosed plantar calcaneal spur of the right foot.

Dr. Jason S. Boynton, a podiatrist, first examined appellant on September 19, 2005 and completed a report on October 24, 2005 noting that appellant, a Type II diabetic experienced bilateral painful neuropathy. He stated that appellant had a history of tarsal tunnel and nerve conduction abnormalities bilaterally. Dr. Boynton diagnosed paraesthetic neuropathy bilateral lower extremities with possible etiologies including tarsal tunnel syndrome and bilateral foot pain secondary to neuropathy or plantar fasciitis. He did not discuss appellant's work duties or a cause of his conditions.

Dr. Boynton discussed the proposed tarsal tunnel surgery with appellant on December 16, 2005. Appellant underwent right tarsal tunnel release on December 21, 2005. On December 29, 2005, January 6 and 24, 2006 Dr. Boynton noted that appellant underwent a tarsal tunnel release with good pain relief. Appellant continued to experience heel pain on the right and neuropathic pain in his left foot. In a report dated February 14, 2006, Dr. Boynton stated that appellant underwent surgery on December 21, 2005 and that he had a history of foot pain dating back 10 years in appellant's estimation. He stated: “The diagnosis we had been treating has been tarsal tunnel syndrome, possibly secondary to diabetic double compression neuropathy, although surgical findings found significant varicosities in the area, which can also contribute and cause tarsal tunnel syndrome and compression neuropathy of the posterior tibial nerve.” Dr. Boynton opined: “It is certainly reasonable that the patient's condition was exacerbated through his work as a letter carrier for 23 years.” He stated that carrying letters and activity could lead to venous insufficiency, which would contribute to the development of varicosities within the tarsal tunnel, as well as contribute to or exacerbate plantar fasciitis. However, Dr. Boynton also noted that appellant's other diagnosed conditions of diabetes and degenerative disc disease could contribute to peripheral neuropathy.

The employing establishment controverted appellant's claim on February 24, 2006, alleging that he had not worked since August 2003 and elected disability retirement effective July 9, 2004.

By letter dated March 9, 2006, the Office requested additional factual and medical evidence from appellant. Appellant responded on March 22, 2006 and again attributed his foot conditions to his employment duties. He stated that he first noticed the condition eight years earlier, but did not attribute this to his employment until February 9, 2006. In a report dated March 27, 2006, Dr. Jay D. Grassell, a Board-certified family practitioner, diagnosed appellant with the following conditions: carpal tunnel syndrome of his left hand, bilateral degenerative joint disease of his knees with osteoarthritis, bilateral tarsal tunnel, osteoarthritis of the cervical and lumbar spine, retrolisthesis of L5-S1 and posterior disc bulge at L5-S1 and L4-5. He stated: "It is my opinion that the patient's conditions of his feet, ankles, knees and back were certainly exacerbated, if not solely caused from his 21 years of walking, lifting, standing, bending, stooping, reaching, driving and climbing stairs and entering/exiting a vehicle as required by his employment as letter carrier for the [employing establishment]."

The Office referred appellant's medical records¹ to the Office medical examiner on April 14, 2006. In a report dated April 20, 2006, Dr. Arthur S. Harris, a Board-certified orthopedic surgeon, reviewed the medical records and concluded that the medical records did not support a causal relationship between appellant's diagnosed foot conditions and his employment duties.

By decision dated May 26, 2006, the Office denied appellant's claim finding that the medical evidence did not establish that his claimed bilateral foot condition was related to his employment duties.

LEGAL PRECEDENT

An occupational disease or illness means a condition produced by the work environment over a period longer than a single workday or shift.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 of existence of a the disease or condition for which compensation is claimed; (2) a factual statement identifying the 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. The medical opinion must be one of reasonable

¹ The Office noted that appellant filed two claims, the one before the Board regarding his foot condition and a separate claim regarding appellant's knee and low back condition, which is not before the Board in this claim. Appellant's knee and back condition will not be addressed by the Board in this decision. *See* 20 C.F.R. § 501.2(c).

² 20 C.F.R. § 10.5(q).

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.³

ANALYSIS

The Office accepted that appellant performed the employment duties which he alleged caused or contributed to his bilateral foot conditions such as standing, walking, lifting and entering and exiting his postal vehicle. However, the Office found that the medical evidence which appellant submitted in support of his claim was not sufficiently rationalized to establish a causal relationship between these employment duties and his diagnosed conditions of tarsal tunnel syndrome and plantar fasciitis.

In support of his claim, appellant submitted reports from Dr. Boynton, a podiatrist, dated September 19, 2005 through February 14, 2006 diagnosing tarsal tunnel syndrome, paraesthetic neuropathy bilateral lower extremities with possible etiologies including tarsal tunnel syndrome and bilateral foot pain secondary to neuropathy or plantar fasciitis. On February 14, 2006 Dr. Boynton stated: “The diagnosis we had been treating has been tarsal tunnel syndrome, possibly secondary to diabetic double compression neuropathy, although surgical findings found significant varicosities in the area, which can also contribute and cause tarsal tunnel syndrome and compression neuropathy of the posterior tibial nerve.” Dr. Boynton opined that appellant’s condition could have been exacerbated through his employment duties stating that carrying letters and activity could lead to venous insufficiency, which would contribute to the development of varicosities within the tarsal tunnel, as well as contribute to or exacerbate plantar fasciitis. However, Dr. Boynton also noted that appellant’s other diagnosed conditions of diabetes and degenerative disc disease could contribute to peripheral neuropathy.

Dr. Boynton offered the opinion that appellant’s employment duties could have caused or contributed to his foot conditions and explained that these activities could have caused venous insufficiency, which would contribute development of varicosities within the tarsal tunnel as well as plantar fasciitis. However, he did not state that he believed this to be the case. Dr. Boynton also discussed appellant’s nonemployment-related conditions such as diabetes as contributing to peripheral neuropathy. In fact, his initial analysis indicated that he believed that appellant’s tarsal tunnel syndrome was secondary to diabetic double compression neuropathy. When discussing appellant’s work duties, he did not offer a clear opinion that he believed that appellant’s work duties caused nor contributed to appellant’s foot condition indicating instead that this was reasonable and possible. As Dr. Boynton indicated that appellant’s foot condition could be attributable to either an employment or nonemployment-related cause without a clear etiologic preference, his report is not sufficient to establish that appellant’s work duties did in fact cause or contribute to his diagnosed foot conditions.

Appellant also submitted a report from Dr. Grassell, a Board-certified family practitioner, diagnosing bilateral tarsal tunnel syndrome as well as other conditions not at issue in this claim. Dr. Grassell stated that appellant’s foot conditions were exacerbated or caused by his

³ *Solomon Polen*, 51 ECAB 341, 343-44 (2000).

employment duties of walking, lifting, standing, climbing stairs and entering and exiting a vehicle. While he offered a definite opinion that appellant's employment duties caused or contributed to his foot conditions, he did not offer any medical reasoning in support of his opinion. This medical reasoning is vital as appellant has nonemployment-related condition of diabetes which could, in Dr. Boynton's opinion, be solely responsible for appellant's foot conditions. As appellant has not submitted the necessary rationalized medical opinion evidence offering a detailed explanation of why and how his employment duties caused or contributed to his foot conditions, he has failed to meet his burden of proof and the Office properly denied his claim.

CONCLUSION

The Board finds that appellant has not submitted the necessary medical evidence to establish that he developed a bilateral foot condition due to his employment duties.

ORDER

IT IS HEREBY ORDERED THAT the May 26, 2006 decision of the Office of Workers' Compensation Programs is affirmed.

Issued: November 7, 2006
Washington, DC

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

David S. Gerson, Judge
Employees' Compensation Appeals Board

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