

On June 3, 2004 appellant filed a Form CA-2a claim for a recurrence of disability. By decision dated August 9, 2004, the Office denied the claim. Appellant requested reconsideration and submitted a September 14, 2004 report from Dr. David C. Haueisen, a Board-certified orthopedic surgeon, who found that appellant had experienced lingering, intermittent symptoms of numbness since 1992. Dr. Haueisen opined that keyboard use and the passage time might have been the cause of appellant's condition. He further stated that the diagnosis of bilateral carpal tunnel syndrome was the same as the original working diagnosis, which could be prone to recurrence. In a December 6, 2004 report, Dr. Haueisen stated that appellant had not recovered from his original condition and had remained symptomatic over 12 years. He advised that appellant's continuing symptoms were attributable to keyboard use, a risk factor in developing carpal tunnel syndrome. Dr. Haueisen asserted that appellant's current carpal tunnel symptoms were consistent with the original 1992 diagnosis and 1995 to 1996 recurrence, and that, in the absence of any acute trauma precipitating these conditions, it was likely that these symptoms had developed gradually over the intervening period from 1995 to 1996 to the present time. He concluded that appellant's carpal tunnel syndrome appeared to be a clear recurrence of the original carpal tunnel syndrome, for which he had been treated. By decision dated July 26, 2005, the Office denied appellant's claim for a recurrence of disability.

In a March 3, 2006 decision,¹ the Board set aside the July 26, 2005 decision. The Board found that Dr. Haueisen's reports had raised an uncontroverted inference of causal relationship between appellant's employment and his carpal tunnel condition beginning in 2004, and were sufficient to require further development of the case record by the Office.² The Board therefore remanded the case and instructed the Office to further develop the medical evidence regarding causal relationship between appellant's condition and his accepted conditions from 1992. The complete facts of this case are set forth in the Board's March 3, 2006 decision and are herein incorporated by reference.

The Office referred appellant, the case record and the statement of accepted facts to Dr. Robert A. Sciortino, a Board-certified orthopedic surgeon, for a second opinion examination. In a report dated May 12, 2006, Dr. Sciortino stated:

"In my opinion [appellant] developed carpal tunnel syndrome related to his April 2, 1992 work injury and his symptoms never fully recovered from this injury. He had low-grade symptoms of carpal tunnel syndrome which were successfully partially treated with work space modifications. In my opinion [appellant's] exposure to new work activities in 2003 and 2004 most likely reagravated [his] preexisting carpal tunnel syndrome and caused it to become more symptomatic to the point where it required surgery.

"In my opinion the carpal tunnel syndrome symptoms which [appellant] experienced in 2004 are related to the carpal tunnel syndrome which [he] had in

¹ Docket No. 05-1798 (issued March 3, 2006).

² The Board stated that appellant had reported an increase in his left hand pain since 1992 due to the use of different computer equipment which caused his initial condition. Appellant stated that the most recent onset of pain began in December 2003, when he worked at different workstations which were not equipped with the trackballs he had used for 10 years. By January 2004, the pain prevented use of the keyboard without discomfort.

1992. In 2004, however, [appellant] appellant did not seem to be experiencing symptoms of lateral epicondylitis, but rather was having symptoms related to cubical tunnel syndrome on the left and not lateral epicondylitis. In my opinion [appellant's] symptoms in 2004 were the result of an exacerbation of a preexisting carpal tunnel syndrome first diagnosed in 1992 and this exacerbation was caused by [appellant's] work activities.

“In my opinion [appellant's] right and left carpal tunnel syndrome releases which were performed in 2004 were related to the 1992 work injury. [Appellant] had carpal tunnel syndrome which never fully went away but was stable and controlled by no surgical methods until [he] began the new work activities in 2004 which caused his carpal tunnel syndrome to become worse and led to the need for surgery.”

By decision dated June 16, 2006, the Office denied appellant compensation for a recurrence of his accepted bilateral carpal tunnel condition.

LEGAL PRECEDENT

An individual who claims a recurrence of disability resulting from an accepted employment injury has the burden of establishing that the disability is related to the accepted injury. This burden requires furnishing medical evidence from a physician who, on the basis of a complete and accurate factual and medical history, concludes that the disabling condition is causally related to the employment injury, and who supports that conclusion with sound medical reasoning.³ A recurrence of disability is defined as the inability to work caused by a spontaneous change in a medical condition which results from a previous injury or illness without an intervening injury or new exposure in the work environment that caused the illness.⁴

ANALYSIS

In the instant case, appellant has failed to submit any medical opinion containing a rationalized, probative report which relates his disability for work as of April 23, 2004 to his accepted bilateral carpal tunnel condition. For this reason, he has not discharged his burden of proof to establish his claim that he sustained a recurrence of disability as a result of his accepted employment condition.

The Office found that the weight of the medical evidence was represented by Dr. Sciortino's referral opinion. Dr. Sciortino stated that appellant developed symptoms related to his work-related carpal tunnel syndrome which were ameliorated by work space modifications. He opined that appellant's exposure to new work activities in 2003 and 2004 most likely reagravated his preexisting carpal tunnel syndrome and caused it to become more symptomatic to the point where it required surgery. The Board noted in its March 3, 2005 decision that appellant reported increased pain caused by the use of computer equipment which

³ *Dennis E. Twardzik*, 34 ECAB 536 (1983); *Max Grossman*, 8 ECAB 508 (1956); 20 C.F.R. § 10.121(a).

⁴ *See* 20 C.F.R. § 10.5(x); *Donald T. Pippin*, 54 ECAB 631 (2003).

was different than that which caused his initial condition. The Board further related that appellant indicated his most recent onset of pain began in December 2003, when he worked at different workstations which were not equipped with the trackballs he had used for 10 years. Appellant stated that, by January 2004, the pain caused by carpal tunnel syndrome prevented use of the keyboard without discomfort. Based on this factual history, Dr. Sciortino concluded that appellant had carpal tunnel syndrome which never fully healed but was stable and controlled by nonsurgical methods; *i.e.*, ergonomically correct equipment, until he began new work activities in 2004 which caused his carpal tunnel syndrome to worsen and led to the need for surgery.

The Office properly relied on Dr. Sciortino's referral opinion in its June 16, 2006 decision denying appellant compensations based on a recurrence of his work-related carpal tunnel syndrome. The weight of the medical opinion is determined by the opportunity for and thoroughness of examination, the accuracy and completeness of physician's knowledge of the facts of the case, the medical history provided, the care of analysis manifested and the medical rationale expressed in support of stated conclusions.⁵ Dr. Sciortino's report is sufficiently probative, rationalized and based upon a proper factual background. He fully discussed the history of injury which indicated that appellant's disability as of April 23, 2004 was caused by a new exposure in the work environment which resulted in a flare-up of his accepted condition and thus did not constitute a recurrence of disability.⁶ The Board therefore finds that Dr. Sciortino's opinion constituted sufficient medical rationale to support the Office's June 16, 2006 decision denying compensation based on a recurrence of his work-related carpal tunnel syndrome.⁷

CONCLUSION

The Board finds that appellant has not met his burden to establish that he was entitled to compensation for a recurrence of disability as of April 23, 2004 causally related to his accepted bilateral carpal tunnel syndrome.

⁵ See *Ann C. Leanza*, 48 ECAB 115 (1996).

⁶ *Donald T. Pippin*, 54 ECAB 631 (2003).

⁷ This denial of appellant's recurrence claim does not preclude appellant from filing an occupational injury claim for a new injury.

ORDER

IT IS HEREBY ORDERED THAT the June 16, 2006 decision of the Office of Workers' Compensation Programs be affirmed.

Issued: October 12, 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