



Regarding the nature of his injury, he noted, “Tingling in both hands while hands are on steering wheel, tingling in hands while sitting at desk, writing, typing.” Appellant did not stop work. He indicated that he first became aware of his condition and its relationship to his work on April 17, 2006.

By letter dated April 24, 2006, the Office requested that appellant submit additional factual and medical evidence in support of his claim.

Appellant submitted a May 3, 2006 statement in which he stated that he engaged in computer and writing activities for at least three or four hours per day and that on occasion he engaged in ladder climbing for one or two hours at a time.

Appellant submitted an April 17, 2006 report in which Dr. Alan Froehling, an attending Board-certified orthopedic surgeon, stated that appellant had a number of problems including a left foot injury and a disc herniation that was “doing fairly well.”<sup>1</sup> Dr. Froehling noted that appellant also complained of numbness in both hands which bothered him when he drove his car and sometimes woke him at night. He indicated that appellant had a positive Phalen’s test on both sides and stated that he had a “previous crushing injury to the right wrist many, many years ago, which may play a role here.” Dr. Froehling diagnosed bilateral carpal tunnel syndrome, herniated nucleus pulposus with no neurologic deficit, and left foot injury and pain.

In a report dated April 20, 2006, Dr. Froehling indicated that appellant had undergone nerve conduction velocity (NCV) testing and provided a diagnosis of “history of carpal tunnel syndrome.”<sup>2</sup> The record contains the findings of April 20, 2006 NCV testing which revealed a moderate right median neuropathy at the wrist and a mild left median neuropathy at the wrist. In a report dated April 27, 2006, Dr. Froehling stated that appellant continued to complain of bilateral wrist pain, greater on the right than left, but that examination revealed full range of wrist motion and grip and pinch strength of 5/5. He noted that Tinel’s and Phalen’s tests were slightly positive and diagnosed bilateral carpal tunnel syndrome, right greater than left. Dr. Froehling indicated that appellant should “continue his activity as tolerated.”

By decision dated June 2, 2006, the Office denied appellant’s claim on the grounds that he did not submit sufficient medical evidence to establish that he sustained an upper extremity condition in the performance of duty.<sup>3</sup>

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<sup>1</sup> Dr. Froehling also discussed an unspecified herniated nucleus pulposus and an unspecified left foot injury, but he did not provide any indication that these conditions were employment related.

<sup>2</sup> Dr. Froehling added his initials to this report which was completed by an unidentified associate with the initials JAW.

<sup>3</sup> Appellant submitted additional evidence after the Office’s decision, but the Board cannot consider such evidence for the first time on appeal. *See* 20 C.F.R. § 501.2(c).

## LEGAL PRECEDENT

An employee seeking benefits under the Federal Employees' Compensation Act<sup>4</sup> has the burden of establishing the essential elements of his 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 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.<sup>5</sup> These are the essential elements of each compensation claim regardless of whether the claim is predicated upon a traumatic injury or an occupational disease.<sup>6</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) 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 a causal relationship 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.<sup>7</sup>

## ANALYSIS

Appellant claimed that he sustained an upper extremity condition by typing on a computer, writing by hand and climbing ladders at work. The Board finds that appellant did not submit sufficient medical evidence to establish that he sustained an upper extremity condition in the performance of duty as alleged.

Appellant submitted an April 17, 2006 report in which Dr. Froehling, an attending Board-certified orthopedic surgeon, noted that he complained of numbness in both hands which bothered him when he drove his car and sometimes woke him at night. Dr. Froehling indicated that appellant had a positive Phalen's test on both sides and diagnosed bilateral carpal tunnel

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<sup>4</sup> 5 U.S.C. §§ 8101-8193.

<sup>5</sup> *Elaine Pendleton*, 40 ECAB 1143, 1145 (1989).

<sup>6</sup> *See Delores C. Ellyett*, 41 ECAB 992, 994 (1990); *Ruthie M. Evans*, 41 ECAB 416, 423-25 (1990).

<sup>7</sup> *Victor J. Woodhams*, 41 ECAB 345, 351-52 (1989).

syndrome. This report, however, is of limited probative value on the relevant issue of the present case in that it does not contain an opinion on causal relationship.<sup>8</sup> Dr. Froehling did not mention any of the employment factors implicated by appellant or provide any opinion that his upper extremity condition was employment related. Moreover, Dr. Froehling suggested that the employment factors alleged in the present claim did not cause appellant's condition in that he had a "previous crushing injury to the right wrist many, many years ago, which may play a role here."

The record contains the findings of April 20, 2006 NCV testing which revealed a moderate right median neuropathy at the wrist and a mild left median neuropathy at the wrist, but there is no indication that these conditions were related to employment factors. In a report dated April 27, 2006, Dr. Froehling stated that appellant continued to complain of bilateral wrist pain, greater on the right than left, and noted that Tinel's and Phalen's tests were slightly positive. He did not, however, provide any opinion on the cause of appellant's continuing symptoms in his upper extremities.

### **CONCLUSION**

The Board finds that appellant did not meet his burden of proof to establish that he sustained an upper extremity condition in the performance of duty.

### **ORDER**

**IT IS HEREBY ORDERED THAT** the Office of Workers' Compensation Programs' June 2, 2006 decision is affirmed.

Issued: October 11, 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

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<sup>8</sup> See *Charles H. Tomaszewski*, 39 ECAB 461, 467-68 (1988) (finding that medical evidence which does not offer any opinion regarding the cause of an employee's condition is of limited probative value on the issue of causal relationship).