



In reports dated August 24 and September 1, 2005, Dr. Mark J. Eavenson, an attending chiropractor, diagnosed bilateral carpal tunnel syndrome and left ulnar and median nerve entrapment.

By letter dated October 14, 2005, the Office asked appellant to provide additional information, including a comprehensive medical report from a physician with the results of tests, a diagnosis and a rationalized explanation of how the diagnosed condition was causally related to her employment.

In an October 25, 2005 report, Dr. Eavenson diagnosed right carpal tunnel syndrome and a left median block at the elbow. He stated that these conditions were causally related to appellant's employment.

By decision dated November 15, 2005, the Office denied appellant's claim for bilateral carpal tunnel syndrome and left elbow neuropathy on the grounds that there was no probative medical evidence establishing that these conditions were causally related to her employment.

Appellant requested reconsideration. In clinical notes dated September 7, 2005, Dr. Michele D. Koo, an attending Board-certified plastic surgeon, diagnosed bilateral carpal tunnel syndrome and left cubital tunnel syndrome. Operative reports described surgeries performed on October 4 and 20, 2005 by Dr. Koo, which included carpal tunnel releases on appellant's right and left wrists and flexor tenosynovectomy and ulnar nerve transposition of the left wrist. A copy of an anesthesia record was included. In notes dated October 10, 17 and 24 and November 24, 2005, Dr. Koo described follow-up visits subsequent to the surgeries.

By decision dated May 10, 2006, the Office denied modification of the November 15, 2005 decision.

### **LEGAL PRECEDENT**

To establish a causal relationship between a claimant's medical conditions and her employment, she must submit rationalized medical opinion evidence based on a complete factual and medical background supporting such a causal relationship.<sup>1</sup> Rationalized medical opinion evidence is medical evidence which includes a physician's opinion on the issue of whether there is a causal relationship between the claimant's 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>2</sup> Neither the fact that a disease or condition manifests itself during a period of employment nor the belief that the disease or

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<sup>1</sup> *Michael S. Mina*, 57 ECAB \_\_\_\_ (Docket No. 05-1763, issued February 7, 2006).

<sup>2</sup> *Gary J. Watling*, 52 ECAB 278 (2001); *Gloria J. McPherson*, 51 ECAB 441 (2000).

condition was caused or aggravated by employment factors or incidents is sufficient to establish causal relationship.<sup>3</sup>

### ANALYSIS

Dr. Koo diagnosed bilateral carpal tunnel syndrome and left cubital tunnel syndrome. Copies of operative reports and clinical notes described surgeries performed on October 4 and 20, 2005 by Dr. Koo, which included carpal tunnel releases on appellant's right and left wrists and flexor tenosynovectomy and ulnar nerve transposition of the left wrist. However, Dr. Koo provided no rationalized medical opinion explaining how appellant's conditions were causally related to her employment as an accounting technician. He did not describe the duties she performed or explain how her work would cause or contribute to the diagnosed conditions or need for surgery. Medical reports not containing adequate rationale on causal relationship are of diminished probative value and are generally insufficient to meet an employee's burden of proof.<sup>4</sup> Lacking any medical rationale addressing the issue of causal relationship, Dr. Koo's reports are not sufficient to establish that appellant's bilateral carpal tunnel syndrome and left elbow neuropathy were caused or aggravated by her employment.

Appellant submitted reports from a chiropractor who diagnosed bilateral carpal tunnel syndrome and left ulnar and median nerve entrapment. However, under section 8101(2) of the Federal Employees' Compensation Act,<sup>5</sup> chiropractors are only considered physicians, and their reports considered medical evidence, to the extent that they treat spinal subluxations as demonstrated by x-ray to exist. Dr. Eavenson did not diagnose a spinal subluxation as shown on x-ray. Moreover, his treatment of appellant did not pertain to manual manipulation of the spine. He is not considered a physician under the Act in this case and his reports are of no probative value on the issue of whether appellant's claimed conditions were causally related to her employment.

### CONCLUSION

The Board finds that appellant failed to establish that her bilateral carpal tunnel syndrome and left elbow neuropathy were causally related to her employment.

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<sup>3</sup> *Michael S. Mina, supra* note 1.

<sup>4</sup> *Ceferino L. Gonzales*, 32 ECAB 1591 (1981).

<sup>5</sup> 5 U.S.C. § 8101(2).

**ORDER**

**IT IS HEREBY ORDERED THAT** the decisions of the Office of Workers' Compensation Programs dated May 10, 2006 and November 15, 2005 are affirmed.

Issued: September 13, 2006  
Washington, DC

David S. Gerson, Judge  
Employees' Compensation Appeals Board

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