



was continuing to perform nixie table duties and cased mail in limited mobility cases. He stated that appellant submitted a light-duty work request from a doctor but never stated that the request was due to an employment-related injury.

In a July 21, 2005 narrative statement, appellant noted that, six months prior, he started to experience pain in his left arm while holding bulk mail for a few hours, which moved to the left side of his chest area. He stated that sometimes the pain radiated to the left side of his neck and head, causing mild headaches. One month prior, appellant started experiencing pain in his right shoulder while sorting mail into a small letter case. He started performing office-type work in the nixie area which provided relief. Appellant attributed the pain in his left arm and right shoulder to the fine movements required by his job.

A July 5, 2006 prescription note of Dr. Rosario R. Ippolito, a Board-certified plastic surgeon, stated that appellant was having pain in the left arm and right shoulder. He recommended an office-type job. In a July 6, 2005 medical report, Dr. Bryce I. Benbow, a family practitioner, noted appellant's complaint of bilateral shoulder and left wrist pain. He described appellant's work duties as a distribution clerk, which included throwing mail into a small case and sorting mail. Dr. Benbow stated that appellant sustained an injury as a result of throwing bulk mail in a letter case. He provided a history of appellant's medical background and reported findings on physical examination. Dr. Benbow diagnosed occupational-related bilateral shoulder tendinitis and left wrist tenosynovitis. He opined that these conditions were a direct result of appellant's work at the employing establishment. Dr. Benbow stated that appellant had no other risk factors or history of any prior trauma and participation in sports.

By letter dated August 11, 2005, the Office advised appellant that the evidence submitted was insufficient to establish his claim. It addressed the factual and medical evidence he needed to submit to establish his claim. By letter of the same date, the Office requested that the employing establishment address appellant's allegations. It further requested a copy of his position description, including physical requirements.

In a September 5, 2005 letter, appellant reiterated that sorting mail into a small letter case eight hours a day and holding heavy bulk mail for a few hours with the left hand caused pain in his left hand and arm, which radiated to the left side of his chest. He underwent a cardiac stress test that was negative and ruled out cardiac problems. Appellant noted that an electromyogram (EMG) and nerve conduction test were also negative. He related that after he started working in the nixie area, he experienced significantly less pain in the left hand and right shoulder. Appellant did not engage in sports or hobbies and did not volunteer or hold any other jobs. He indicated that he played musical keyboards 30 minutes per week and used a computer occasionally, one hour per week. Appellant was rear-ended in a motor vehicle accident on May 2, 2005 and received physical therapy for three weeks for neck pain. He concluded that he had not sustained any other injuries to his upper extremities.

In an April 12, 2005 report, Dr. Tracey R. Adams, a Board-certified physiatrist, noted appellant's complaints of pain in the left hand radiating into the flexor forearm and biceps region. He also had occasional numbness in the left third and fourth fingers and occasional minimal weakness in the left grip. Appellant also had symptoms in his right upper extremity. Dr. Adams stated that appellant noticed his symptoms about six months prior when he started

having heavier workloads that involved repetitive upper extremity activities, such as throwing mail. She reviewed his medical background and the results of diagnostic testing of appellant's left upper extremity. A nerve conduction study demonstrated left median and ulnar motor nerves with normal distal latency, amplitude and nerve conduction velocity and left median, ulnar and radial sensory with normal distal latency and amplitude. The EMG was normal. Dr. Adams opined that appellant sustained chronic left hand/wrist/forearm pain/mechanical dysfunction and strain that were possibly related to an increased workload with repetitive upper extremity activities at work. There were no focal neurologic deficits on examination of the upper extremities. She found no electrodiagnostic evidence of radiculopathy, peripheral entrapment neuropathy, peripheral neuropathy or myopathy of the left upper extremity.

A January 29, 2005 pulmonary report of a physician whose signature is illegible found moderate functional impairment, chronotropic insufficiency related to obesity, systolic hypertension at rest with an exaggerated systolic response during exercise, absence of ventilatory limitation with a low ventilatory requirement, increased dead space ventilation which was nonlimiting and obesity. Appellant had a moderate risk for a cardiovascular condition, intermediate risk for thoracic surgery and low risk for sleep apnea and nonthoracic surgery.

In a July 27, 2005 email message, Mr. Palmer stated that, appellant had an active case for heel spurs and was currently working as a limited-duty clerk. Appellant was required to sort mail into a shortened modified letter case by zip code. He sat in an office type chair with arm rests and back support. Appellant cased mail at his own pace and did not work at an expedited speed or pace. Mr. Palmer related that appellant recently brought in a doctor's statement indicating that an office type job was needed to avoid further pain. He characterized the volume of bulk mail appellant handled or cased as minimal, at best. Mr. Palmer noted that prior to the instant claim, appellant often worked at a nixie table as part of his daily assignment. At this table, employees taped, repaired, rubber stamped and/or bagged torn, damaged or missent mail. They used an office-type chair while performing nixie duties.

By decision dated November 2, 2005, the Office denied appellant's claim. The Office noted that the factual evidence of record was insufficient to establish that the claimed event occurred as alleged and that the medical evidence of record did not provide a rationalized opinion establishing that appellant sustained a medical condition causally related to factors of his federal employment.

### **LEGAL PRECEDENT**

An employee seeking benefits under the Federal Employees' Compensation Act<sup>1</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

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<sup>1</sup> 5 U.S.C. §§ 8101-8193.

compensation is claimed are causally related to the employment injury.<sup>2</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>3</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>4</sup> Neither the fact that appellant's condition became apparent during a period of employment nor his belief that the condition was caused by his employment is sufficient to establish a causal relationship.<sup>5</sup>

### ANALYSIS

Appellant alleged that he sustained left hand and bilateral shoulder conditions due to fine movements while performing his work duties. The Board noted that appellant has established that he actually experienced the employment activities in the manner alleged. Appellant maintained that he sorted mail, held bulk mail and worked in the nixie area as a limited-duty distribution clerk at the employing establishment. Mr. Palmer, a supervisor, acknowledged that appellant cased mail in limited mobility cases by zip code. He also stated that appellant worked at the nixie table which required him to tape, repair, rubber stamp and/or bag torn, damaged or missent mail. Dr. Benbow stated that appellant threw mail into a small case and sorted mail as a distribution clerk. Dr. Adams stated that, six months prior to his evaluation, appellant began to notice his left hand and right upper extremity symptoms when he started having heavier workloads that involved repetitive upper extremity activities such as, throwing mail.

Based on evidence of record, the Board finds that the employment factors of casing and holding mail and taping, repairing, rubber stamping and bagging torn, damaged or missent mail at the nixie table occurred in the course of appellant's employment as a limited-duty distribution

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<sup>2</sup> *Elaine Pendleton*, 40 ECAB 1143, 1145 (1989).

<sup>3</sup> *See Delores C. Ellyett*, 41 ECAB 992, 994 (1990); *Ruthie M. Evans*, 41 ECAB 416, 423-25 (1990).

<sup>4</sup> *Victor J. Woodhams*, 41 ECAB 345, 351-52 (1989).

<sup>5</sup> *Kathryn Haggerty*, 45 ECAB 383, 389 (1994).

clerk. Although Mr. Palmer stated that appellant worked at his own pace and described the volume of bulk mail he handled or cased as minimal, appellant was required to perform repetitive movements in his federal employment.

The Board, however, finds that the medical evidence is not sufficient to establish that appellant sustained a medical condition causally related to these accepted employment factors.

Dr. Benbow's report attributed appellant's bilateral shoulder tendinitis and left wrist tenosynovitis to throwing bulk mail in a letter case. He stated that appellant had no other risk factors of his injury, prior trauma or participation in sports. Dr. Benbow diagnosed occupational-related bilateral shoulder tendinitis and left wrist tenosynovitis as resulting from appellant's employment factors. The Board finds that Dr. Benbow failed to provide sufficient medical rationale to explain how appellant's accepted job requirements of throwing bulk mail caused or contributed to his bilateral shoulder and left wrist conditions. His brief medical report noted only slightly decreased shoulder strength with negative impingement. Dr. Benbow did not discuss how the diagnosed conditions would be caused or aggravated by the work duties required in appellant's limited-duty job.<sup>6</sup>

### CONCLUSION

The Board finds that appellant has not established that he sustained left hand and bilateral shoulder conditions while in the performance of duty.

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<sup>6</sup> The Board notes that Dr. Adams' report was speculative in that she concluded that appellant's chronic left hand/wrist/forearm pain/mechanical dysfunction and strain were possibly related to his increased workload and thus is of little probative value. *See Joe T. Williams*, 41 ECAB 518, 521 (1993). Also, the unsigned pulmonary report does not constitute competent medical evidence as the author thereof cannot be identified as a physician. Thus, it is of no probative value. *See Merton J. Sills*, 39 ECAB 572 (1988).

**ORDER**

**IT IS HEREBY ORDERED THAT** the November 2, 2005 decision of the Office of Workers' Compensation Programs is affirmed, as modified.

Issued: March 7, 2007  
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