

carpal tunnel syndrome. A July 30, 2007 form report, not signed by a physician, also advised that appellant had bilateral carpal tunnel syndrome.

On September 10, 2007 the Office advised appellant that it required additional factual and medical evidence to determine whether she was eligible for compensation benefits. It asked appellant to submit a comprehensive medical report from her treating physician describing her symptoms and the medical reasons for her condition and an opinion as to whether her claimed condition was causally related to factors of her federal employment. The Office requested that appellant submit the additional evidence within 30 days.

In a report dated August 7, 2007, Dr. David Ostrowski, Board-certified in orthopedic surgery, noted that appellant had complaints of bilateral hand pain, numbness, tingling, with radiation up the arms. He noted that appellant had experienced symptoms intermittently which had gotten progressively worse, with more pain on the right side. Dr. Ostrowski stated that appellant had severe pain at night with numbness and tingling during the day, which occurred with nearly all types of activity. He stated findings on examination and diagnosed bilateral carpal tunnel syndrome. Dr. Ostrowski recommended that appellant undergo surgery for bilateral carpal tunnel endoscopic releases.

Dr. Ostrowski performed right and left carpal tunnel endoscopic releases on September 11, 2007.

In a September 28, 2007 statement, appellant stated:

“My job duties as a city carrier begin at 7:30 a.m. I go to the route case and begin to case the flats first. I hold 18 pieces of flats in my left arm and case with my right hand. I case four to six feet of flats on a day’s average. I begin to case ½ to 1 inch letters. I am required to hold four to five letters in my hand while I am casing letters. I case mail for about an hour and a half. I then get my buggy and take it up to my case and then I begin to pull the route down and place it in two foot trays. I pick up the tray and put in the buggy to push out to the mail vehicle. I usually pull down two to four trays of mail, depending on how much mail I have on any given day. Some days there are marriage mail and box holders, which increases more repeated motion of the hand/wrist and arm movement. I push my buggy to get letters on my way [to] load the vehicle. After I load my cased mail and letters, I route my spars and route parcels. While I am on the route I am constantly moving my hands to pull cased and letter mail to place in mailboxes along with parcels and accountable mail for about six and ½ hours a day. I usually work about 36 to 40 hours a week. I have been a city carrier for eight years and seven months. I also do some letter distribution and boxing mail two to three hours a week if I am needed. During these hours I have moved my hand/wrist, fingers and arms in the same motions on a daily basis.”

In a Form CA-17 dated October 4, 2007, Dr. Ostrowski released appellant to return to work with restrictions as of October 8, 2007.

By decision dated November 13, 2007, the Office denied appellant's claim, finding that she failed to submit sufficient medical evidence to establish that she sustained a bilateral carpal tunnel condition in the performance of duty.

By letter dated November 26, 2007, appellant's attorney requested an oral hearing, which was held on March 10, 2008. Appellant did not submit any additional medical evidence.

By decision dated May 6, 2008, an Office hearing representative affirmed the November 13, 2007 decision.

LEGAL PRECEDENT

An employee seeking benefits under the Federal Employees' Compensation Act¹ has the burden of establishing that the essential elements of his or her 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.² These are the essential elements of each and every compensation claim regardless of whether the claim is predicated upon a traumatic injury or an occupational disease.³

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 causal relationship is usually rationalized medical 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.⁴

¹ 5 U.S.C. §§ 8101-8193.

² *Joe D. Cameron*, 41 ECAB 153 (1989); *Elaine Pendleton*, 40 ECAB 1143 (1989).

³ *Victor J. Woodhams*, 41 ECAB 345 (1989).

⁴ *Id.*

The Board has held that the mere fact that a condition manifests itself during a period of employment does not raise an inference that there is a causal relationship between the two.⁵

An award of compensation may not be based on surmise, conjecture or speculation. Neither the fact that appellant's condition became apparent during a period of employment nor is her own belief that her condition was caused, precipitated or aggravated by her employment sufficient to establish causal relationship.⁶ Causal relationship must be established by rationalized medical opinion evidence and appellant failed to submit such evidence.

ANALYSIS

The Board finds that appellant has failed to submit sufficient medical evidence which relates her claimed a bilateral carpal tunnel condition to factors of her federal employment. For this reason, she has not discharged her burden of proof to establish her claim that her condition was sustained in the performance of duty.

Appellant submitted reports from Drs. Counce and Ostrowski. However, the reports of these physicians did not provide a probative, rationalized medical opinion that the claimed condition was causally related to employment factors. The weight of 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.⁷ Dr. Counce diagnosed moderately severe bilateral carpal tunnel syndrome in her July 24, 2007 report, as did Dr. Ostrowski, who related that appellant had experienced worsening intermittent symptoms of hand and wrist pain, numbness and tingling. In order to ameliorate this condition, he performed carpal tunnel endoscopic release procedures on appellant's left and right wrists. However, neither Dr. Counce nor Dr. Ostrowski provided a probative, rationalized medical opinion regarding whether appellant's bilateral carpal tunnel condition was causally related to employment factors.

The reports from Drs. Counce and Ostrowski did not describe appellant's job duties or explain the medical process through which such duties would have been competent to cause the claimed condition. These reports, therefore, are of limited probative value as they do not contain sufficient medical rationale explaining how or why appellant's claimed bilateral carpal tunnel condition was caused by or related to factors of her federal employment. Appellant therefore failed to provide a rationalized, probative medical opinion relating her current condition to any factors of her employment. Accordingly, she failed to submit medical evidence sufficient to establish that she claimed bilateral carpal tunnel condition was causally related to her employment.

⁵ See *Joe T. Williams*, 44 ECAB 518, 521 (1993).

⁶ *Id.*

⁷ See *Anna C. Leanza*, 48 ECAB 115 (1996).

The Office advised appellant of the evidence required to establish her claim; however, she failed to submit such evidence. Appellant submitted her own statements expressing her belief that her medical condition was caused by her employment, but she did not submit the necessary rationalized medical evidence establishing causal relationship. Consequently, she has not met her burden of proof in establishing that she sustained a bilateral carpal tunnel condition in the performance of duty.

CONCLUSION

The Board finds that appellant has failed to meet her burden of proof in establish that her claimed bilateral carpal tunnel condition was sustained in the performance of duty.

ORDER

IT IS HEREBY ORDERED THAT the May 6, 2008 and November 13, 2007 decisions of the Office of Workers' Compensation Programs be affirmed.

Issued: January 2, 2009
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