

constant retrieval, reaching and grasping packaging through a swing door during the heaviest mailing season. On March 2, 2009 the employing establishment controverted the claim, noting that she worked in a small satellite finance unit and that the amount of pressure needed to open the parcel door was minimal.

Appellant received medical treatment from January 22 through June 10, 2009 from Dr. Christine Erickson, a Board-certified internist, and Dr. Gwenne Norcross, an osteopath. In a January 22, 2009 report, Dr. Norcross advised that appellant had pain and swelling in her left middle finger. Appellant stated that she hurt herself while at work but was unsure of the time of onset. Dr. Norcross noted that an x-ray of appellant's left hand showed deformity at the left 3rd distal interphalangeal (DIP) joint with increased area of calcification. The x-ray also showed soft tissue swelling in 3rd finger. On January 29, 2009 Dr. Erickson diagnosed unspecified deformity of the finger and pain in joint involving hand. She recommended physical therapy and limited repetitive motions of the left hand. In a March 26, 2009 report, Dr. Norcross advised that appellant continued to have unspecified deformity of finger, pain in joint involving hand and stiffness of joint not elsewhere classified involving hand. She noted that appellant was awaiting referral to orthopedic surgeon.

On January 22, 2009 Dr. Norcross noted that appellant was unsure of the time of onset of her left middle finger pain, but that pain was now constant. She noted that appellant indicated that it seemed to come on after frequent use of acceptance door at work. Dr. Norcross listed appellant's diagnoses as unspecified deformity of finger and pain in joint involving hand. She indicated that, based on the information she had, she considered this a work-related OSHA recordable injury.

In a statement dated March 5, 2009, appellant indicated that she started noticing severe pain in her left middle finger on or about December 2, 2009. She stated that, during the heavy holiday mail season, she must have jammed her weak middle finger repeatedly while receiving packages through heavy plex glass doors.

By decision dated July 8, 2009, the Office accepted that appellant's job duties include handling packages, opening a small parcel door and separating and handling mail. It accepted that she had been diagnosed with an unspecified deformity of the finger and stiffness of a joint not elsewhere classified involving the hand. The Office found that appellant did not establish that her left middle finger condition resulted from the accepted work events and denied her claim.

On August 6, 2009 appellant requested review of the written record by an Office hearing representative.

In a report dated July 22, 2009, Dr. Erickson advised that an orthopedic referral was requested not for finger deformity but for trigger finger and paresthesias resulting from a work-related repetitive use injury.

By decision dated November 17, 2009, an Office hearing representative affirmed the July 8, 2009 decision.

LEGAL PRECEDENT

An employee seeking compensation under the Federal Employees' Compensation Act¹ has the burden of establishing the essential elements of his claim by the weight of the reliable, probative and substantial evidence,² including that he is an "employee" within the meaning of the Act³ and that she filed her claim within the applicable time limitation.⁴ The employee must also establish that she sustained an injury in the performance of duty as alleged and that her disability for work, if any, was causally related to the employment injury.⁵ These are the essential elements of each and every compensation claim regardless of whether the claim is predicated on a traumatic injury or an occupational disease.⁶

To establish that an injury was sustained in the performance of duty in a claim for occupational disease, an employee must submit: (1) a factual statement identifying employment factors alleged to have caused or contributed to the presence or occurrence of the disease or condition; (2) medical evidence establishing the presence or existence of the disease or condition for which compensation is claimed; and (3) medical evidence establishing that the diagnosed condition is causally related to the employment factors identified by the employee.⁷

Causal relationship is a medical issue and the medical evidence generally required to establish causal relationship is rationalized medical opinion evidence. Rationalized medical opinion evidence is medical evidence which includes a physician's rationalized opinion on whether there is a causal relationship between the employee's diagnosed condition and the compensable employment factors. The opinion of the physician must be based on a complete factual and medical background of the employee, 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 employee.⁸

ANALYSIS

Appellant alleged that she injured her left middle finger while working as a sales associate during a heavy holiday season. She stated that she jammed her middle finger repeatedly when receiving packages through heavy plex doors. The Office found that appellant

¹ 5 U.S.C. §§ 8101-8193.

² *J.P.*, 59 ECAB 178 (2007); *Joseph M. Whelan*, 20 ECAB 55, 57 (1968).

³ *See M.H.*, 59 ECAB 461 (2008); *Emiliana de Guzman (Mother of Elpedio Mercado)*, 4 ECAB 357, 359 (1951); *see* 5 U.S.C. § 8101(1).

⁴ *R.C.*, 59 ECAB 521 (2008); *Kathryn A. O'Donnell*, 7 ECAB 227, 231 (1954); *see* 5 U.S.C. § 8122.

⁵ *G.T.*, 59 ECAB 447 (2008); *Elaine Pendleton*, 40 ECAB 1143, 1145 (1989).

⁶ *See Irene St. John*, 50 ECAB 521 (1999); *Michael E. Smith*, 50 ECAB 313 (1999).

⁷ *See Roy L. Humphrey*, 57 ECAB 238, 241 (2005); *Ruby I. Fish*, 46 ECAB 276, 279 (1994).

⁸ *I.J.*, 59 ECAB 408 (2008); *Victor J. Woodhams*, 41 ECAB 345, 352 (1989).

was exposed to these conditions of her employment. The Board finds that the medical evidence of record is not sufficient to establish a causal connection between the accepted duties of her job and her medical condition.

Appellant contends that her injuries were caused by repetitive use trauma which aggravated her predisposed arthritis finger condition. However, neither the mere fact that a disease or condition manifests itself during a period of employment nor the belief that the disease or condition was caused or aggravated by employment factors or incidents is sufficient to establish a causal relationship.⁹ As noted, part of appellant's burden of proof includes the submission of rationalized medical opinion evidence, based on a complete factual and medical background, supporting such a causal relationship between the employment incident and the diagnosed condition.

In a January 22, 2009 report, Dr. Norcross advised that appellant's deformity in her finger was a work-related injury; however, she did not provide any further explanation in support of her stated conclusion on causal relationship. In a July 22, 2009 report, Dr. Erickson noted that appellant was being referred for an orthopedic follow-up for trigger finger and paresthesias resulting from work-related repetitive use injury. She did not provide a rationalized discussion explaining how the accepted work conditions would cause or contribute to the claimed condition. Neither physician provided a firm medical diagnosis or review of any prior injury or treatment. A mere conclusion without medical rationale explaining how and why the physicians believe that appellant's accepted exposure would result in a diagnosed condition is not sufficient to meet her burden of proof.¹⁰

An award of compensation may not be based on surmise, conjecture, speculation or appellant's belief of causal relationship.¹¹ There is insufficient medical evidence to establish that appellant sustained a work-related injury. Accordingly, the Board finds that appellant failed to meet her burden of proof.

CONCLUSION

The Board finds that appellant has not established that she sustained an injury to her left middle finger causally related to factors of her federal employment.

⁹ *Dennis M. Mascarenas*, 49 ECAB 215, 218 (1997).

¹⁰ *Beverly A. Spencer*, 55 ECAB 501 (2004).

¹¹ *John D. Jackson*, 55 ECAB 465 (2004); *William Nimitz*, 30 ECAB 57 (1979).

ORDER

IT IS HEREBY ORDERED THAT the decision of the Office of Workers' Compensation Programs dated November 17, 2009 is affirmed.

Issued: November 16, 2010
Washington, DC

Alec J. Koromilas, Chief Judge
Employees' Compensation Appeals Board

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

James A. Haynes, Alternate Judge
Employees' Compensation Appeals Board