

occupational disease. The Board found that she did not submit sufficient medical evidence to establish that she developed bilateral carpal tunnel syndrome in the performance of duty. The facts and the circumstances of the case as set forth in the Board's prior decision are incorporated by reference.²

On December 14, 2010 appellant, through her attorney, requested reconsideration. She submitted evidence previously of record. In a March 30, 2010 report, Dr. Richard M. Ward, a Board-certified orthopedic surgeon, saw appellant on that date for a disability rating. He noted that appellant worked at the employing establishment keying mail and experienced radiating neck pain in 2006 which caused headaches and numbness in the right upper extremity. Appellant stopped work on June 21, 2008 due to her neck condition. Dr. Ward noted that an October 3, 2008 magnetic resonance imaging (MRI) scan revealed disc bulges at C5-6 and C6-7 with foraminal stenosis. On examination, appellant had pain in the posterior neck radiating into the right upper extremity, involuntary muscle spasm with loss of cervical spine motion, weak grip strength due to a fracture of the distal left forearm in November 2009, and intact sensation in both arms. Dr. Ward opined that appellant had symptomatic posterior disc bulges at C5-6 and C6-7 creating bilateral foraminal stenosis. He opined that to a reasonable degree of medical probability appellant had symptomatic disc protrusions at C5-6 and C6-7 levels creating bilateral foraminal stenosis as a direct result of her job. Dr. Ward based his opinion on the fact that appellant was asymptomatic prior to her job and the positive findings of the October 3, 2008 MRI scan.

In a decision dated January 13, 2011, OWCP denied modification of the February 9, 2009 decision.

LEGAL PRECEDENT

An employee seeking benefits under FECA has the burden of establishing 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 FECA, that the claim was timely filed within the applicable time limitation period of FECA, that the 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. 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) 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

² Docket No. 09-1123 (issued December 23, 2009).

³ *Gary J. Watling*, 52 ECAB 357 (2001).

diagnosed condition is causally related to the employment factors identified by the claimant. The medical evidence required to establish causal relationship is generally 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.⁴

ANALYSIS

It is not disputed that appellant's duties as a data conversion operator include prolonged sitting at a computer and keying information. However, appellant has not submitted sufficient medical evidence to establish that she sustained bilateral carpal tunnel syndrome causally related to her employment duties. On reconsideration, she submitted additional medical evidence and asserted that this evidence shows that her claimed condition was employment related.

Appellant submitted a March 30, 2010 report from Dr. Ward who noted appellant's work duties entailed keying mail all day which caused radiating pain in the neck, headaches and numbness in the right upper extremity. She stopped work on June 21, 2008 due to her neck condition. Dr. Ward noted that appellant had symptomatic posterior disc bulges at C5-6 and C6-7 creating bilateral foraminal stenosis. He opined that to a reasonable degree of medical probability appellant had symptomatic disc protrusions at C5-6 and C6-7 levels creating bilateral foraminal stenosis as a direct result of her job as described by appellant. Dr. Ward based his opinion on the fact that appellant was asymptomatic prior to her job and the positive findings of the October 3, 2008 MRI scan. He did not address appellant's claimed bilateral carpal tunnel syndrome or headaches. With regard to whether appellant's cervical disc disease is causally related to her federal employment, Dr. Ward's only rationale for his support was that appellant had no cervical problems prior to her employment as a data entry processor and because her job required her to use a data entry processor "all day long." The Board has held that an opinion that a condition is causally related to an employment injury because the employee was asymptomatic before the injury is insufficient, without supporting rationale, to support a causal relationship.⁵ Without any explanation or rationale for the conclusion reached, such report is insufficient to establish causal relationship. Dr. Ward did not provide any medical rationale to explain the reasons why keying or using a typewriter in appellant's part-time position caused or aggravated a cervical condition. Therefore, his report is insufficient to meet appellant's burden of proof.

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 the belief that the condition was caused, precipitated or aggravated by her employment is

⁴ *Solomon Polen*, 51 ECAB 341 (2000).

⁵ *Kimper Lee*, 45 ECAB 565 (1994).

sufficient to establish causal relationship.⁶ Causal relationships must be established by rationalized medical opinion evidence. Appellant failed to submit such evidence and OWCP therefore properly denied her claim for compensation.

Appellant may submit new evidence or argument with a written request for reconsideration to OWCP within one year of this merit decision, pursuant to 5 U.S.C. § 8128(a) and 20 C.F.R. §§ 10.605 through 10.607.

CONCLUSION

The Board finds that appellant has not met her burden of proof in establishing that she developed an employment-related injury in the performance of duty.

ORDER

IT IS HEREBY ORDERED THAT the January 13, 2011 decision of the Office of Workers' Compensation Programs is affirmed.

Issued: November 2, 2011
Washington, DC

Colleen Duffy Kiko, Judge
Employees' Compensation Appeals Board

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

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

⁶ See *Dennis M. Mascarenas*, 49 ECAB 215 (1997).