

federal employment. In a narrative statement, he described working as a baggage screener since November 2002, and his job involved lifting and moving of heavy baggage. Appellant began having pain in his shoulders arms and hands in 2004 and, in January 2010, it became severe enough to require treatment.

In a report dated January 23, 2010, Dr. David Nguyen, a physiatrist, stated that appellant complained of chronic left forearm pain and intermittent finger numbness. He noted that appellant frequently picked up luggage at work for the prior seven years. Dr. Nguyen provided results on examination and noted x-rays of the cervical spine in 2009 showed degenerative disc disease. He also noted a 2008 MRI scan showing a L4-5 disc bulge, and he indicated that appellant should have a nerve conduction test to recheck his carpal tunnel status.²

By report dated February 1, 2010, Dr. William Fleury, an internist, indicated that appellant reported his left arm had been hurting for two weeks. He diagnosed arm pain and stated that appellant would be referred for nerve conduction velocity testing.

In a decision dated April 6, 2010, OWCP denied the claim for compensation. It found that the medical evidence was insufficient to establish the claim.

Appellant requested a telephonic hearing before OWCP's hearing representative, which was held on July 1, 2010. In a report dated April 26, 2010, Dr. Kaochoy Saechao, an occupational medicine specialist, provided a history that appellant was a supervisory screener, who frequently picked up loads of luggage for the past seven years, although the last two years as a supervisor involved less lifting. He referred to the past medical history as including carpal tunnel syndrome. Dr. Saechao provided results on examination, noting pain at the left flexor forearm muscles and tenderness at the left elbow, with an otherwise normal examination. The Tinel's/Phalen's signs were negative as was the carpal compression test. Dr. Saechao diagnosed left carpal tunnel syndrome and strain of the left arm or forearm, repetitive use. He stated, "The injury arose out of employment and in the course of employment. In my opinion, the condition is work related and within worker's comp guidelines for compensability."

By decision dated September 24, 2010, OWCP's hearing representative affirmed the prior OWCP decision. The hearing representative found the medical evidence was insufficient to establish the claim.

LEGAL PRECEDENT

A claimant seeking benefits under FECA³ has the burden of establishing the essential elements of his claim by the weight of the reliable, probative and substantial evidence, including that an injury was sustained in the performance of duty as alleged and that any specific condition or disability claimed is causally related to the employment injury.⁴

² The record contains a September 20, 2006 treatment note from an osteopath, Dr. Mark Goldstein, with a diagnosis that included carpal tunnel syndrome.

³ 5 U.S.C. §§ 8101-8193.

⁴ 20 C.F.R. § 10.115(e), (f) (2005); see *Jacquelyn L. Oliver*, 48 ECAB 232, 235-36 (1996).

To establish that an injury was sustained in the performance of duty, a claimant must submit: (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 diagnosed condition is causally related to the employment factors identified by the claimant.⁵

Causal relationship is a medical question that can generally be resolved only by rationalized medical opinion evidence.⁶ A physician's opinion on the issue of whether there is a causal relationship between the claimant's diagnosed condition and the implicated employment factors must be based on a complete factual and medical background of the claimant.⁷ Additionally, in order to be considered rationalized, the opinion must be expressed in terms of a reasonable degree of medical certainty, and must be supported by medical rationale, explaining the nature of the relationship between the diagnosed condition and appellant's specific employment factors.⁸

ANALYSIS

Appellant filed an occupational claim for injury, identifying lifting of luggage since November 2002 as the primary employment factor contributing to a left arm injury. The Board notes there is not any dispute that his job duties involved lifting of luggage, although he apparently became a supervisor two years prior to the filing of the claim and did somewhat less baggage lifting.

With respect to medical evidence it is appellant's burden of proof to submit medical evidence with a diagnosis and a reasoned opinion on causal relationship between the diagnosed condition and the identified employment factor. Dr. Nguyen noted left forearm pain and some finger numbness, although he did not provide a specific diagnosis in this regard. Moreover, he did not provide any opinion on causal relationship between a diagnosed condition and the identified employment factors. Dr. Fleury also failed to provide a specific diagnosis or a rationalized opinion on causal relationship.

Dr. Saechao diagnosed both left carpal tunnel syndrome and left arm or forearm strain. These are two different diagnoses, and yet the statement on causal relationship is a general statement that "the injury" and "the condition" are employment related. With respect to a diagnosis of carpal tunnel syndrome, Dr. Saechao provided no additional explanation. His own examination did not appear to confirm positive findings regarding carpal tunnel syndrome, and it is not clear if he was referring to the historical diagnosis of carpal tunnel. The medical history is unclear on this diagnosis and Dr. Saechao provided insufficient medical rationale or explanation as to causal relationship with employment.

⁵ *Ruby I. Fish*, 46 ECAB 276, 279 (1994).

⁶ *See Robert G. Morris*, 48 ECAB 238 (1996).

⁷ *Victor J. Woodhams*, 41 ECAB 345, 352 (1989).

⁸ *Id.*

As to the diagnosis of an arm strain, there needs to be some explanation as to causal relationship with employment.⁹ This is not a traumatic injury claim where the claimant immediately seeks treatment and has a diagnosis of an acute strain.¹⁰ Appellant has reported pain for several years and Dr. Saechao provided no discussion of the nature and extent of any strain, when it occurred or why he felt it was related to the identified employment factors. It is his burden of proof to establish that a specific diagnosed condition is employment related and the Board finds the evidence of record is of diminished probative value.

The Board finds that appellant did not meet his burden of proof to establish an injury causally related to his federal employment. Appellant may submit new evidence or argument with a written application 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.

On appeal, appellant resubmitted the April 26, 2010 report from Dr. Saechao. For the reasons noted above, the report is insufficient to establish the claim for compensation.

CONCLUSION

The Board finds that appellant did not establish causal relationship between a diagnosed condition and factors of his federal employment.

⁹ See A.K. Docket No. 10-277 (issued August 9, 2010) (the diagnosis of a right arm or shoulder strain in an occupational claim by a baggage screener was not accompanied by any explanation as to how the diagnosed condition was causally related to the employment factors).

¹⁰ See e.g., T.E. Docket No. 08-1494 (issued November 26, 2008).

ORDER

IT IS HEREBY ORDERED THAT the decision of the Office of Workers' Compensation Programs dated September 24, 2010 is affirmed.

Issued: October 20, 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