



sorting and boxing mail and typing on the computer. She first became aware of her condition and realized it resulted from her employment on September 20, 2010.

In a signed statement, appellant noted that in March 2010 she experienced aching and swelling in her right hand, wrist and forearm. In August 2010, the swelling in her right hand, wrist and forearm worsened. Appellant continued to work but was in mild discomfort. On September 20, 2010 she again experienced pain, swelling, and redness in her right hand, wrist, and forearm. She continued to work in the morning but took the afternoon off in order to rest and ice her hand. Appellant worked for only a few hours over the next few days and noticed that her pain increased the more she boxed mail. On September 27, 2010 she was seen by Dr. Kimberly May, a Board-certified internist, and was told that she had carpal tunnel syndrome. Dr. May advised appellant to limit boxing and sorting mail until the pain and swelling in her right arm subsided. Appellant explained that during the week of September 20, 2010 she took 25 hours of sick leave because she experienced too much pain and inflammation to work. She has returned to work, but does not box or sort mail.

In a September 27, 2010 treatment note, Dr. May stated that she saw appellant that day for carpal tunnel syndrome and that appellant was able to work in a splint with limited lifting and folding. In an October 8, 2010 duty status report, she noted that the alleged injury occurred from repetitive motion of appellant's right hand, wrist, and forearm and checked "yes" that the history of injury described by appellant corresponded with those repetitive motions. Dr. May authorized appellant to return to full-time work on October 4, 2010 with restrictions.

On October 28, 2010 OWCP advised appellant that the evidence submitted was insufficient to establish her claim and requested additional information. It specifically requested that appellant provide a narrative medical report by a physician which included a description of symptoms, results of examinations and tests, a medical diagnosis, a description of the specific employment activities alleged to have caused the condition, and an opinion, with stated rationale, explaining how these activities caused or aggravated her medical condition.

On November 16, 2010 OWCP received appellant's response to the development letter and additional medical evidence. Appellant stated that she began working for the U.S. Postal Service in 1987 as a distribution and window clerk. Her duties included sorting and boxing mail for approximately two to three hours per day and working the window for about three hours each day. In 1995 appellant transferred to a different postal office where she sorted and boxed mail for 500 customers, worked the window for two to three hours, and typed reports on the computer for about 30 minutes per day. In 2007 she transferred to another postal service where she boxed mail for over 600 post office boxes, worked the window for 3 hours per day, and typed reports on the computer for 30 minutes to 1 hour per day. Appellant believed that the 23 years of repetitively boxing and sorting mail, working the window and typing on the computer contributed greatly to her carpal tunnel syndrome.

In an October 27, 2010 prescription note, Dr. May stated that appellant was unable to grasp catalogs and magazines or do repetitive motions with her right hand until she underwent surgery.

In a decision dated December 22, 2010, OWCP denied appellant's occupational disease claim on the grounds of insufficient medical evidence establishing that her right wrist carpal tunnel syndrome was causally related to factors of her employment.<sup>2</sup>

### **LEGAL PRECEDENT**

An employee seeking benefits under FECA has the burden of proof to establish the essential elements of her claim by the weight of the reliable, probative, and substantial evidence<sup>3</sup> including that she sustained an injury in the performance of duty and that any specific condition or disability for work for which she claims compensation is causally related to that employment injury.<sup>4</sup> In an occupational disease claim, appellant's burden requires submission of the following: (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.<sup>5</sup>

Causal relationship is a medical issue and the medical evidence generally required to establish causal relationship is rationalized medical opinion evidence.<sup>6</sup> 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 specified employment factors or incident.<sup>7</sup> 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.<sup>8</sup> The mere fact that work activities may produce symptoms revelatory of an underlying condition does not raise an inference of an employment relation. Such a relationship must be shown by rationalized medical evidence of a causal relation based upon a specific and

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<sup>2</sup> On January 19, 2011 appellant filed an appeal before the Board. On February 10, 2011 OWCP received appellant's request for reconsideration. By letter dated February 23, 2011, OWCP advised her that it had no jurisdiction over the claim with respect to issues under consideration before the Board and was unable to proceed on her reconsideration request. It informed appellant that if she wished to proceed with her reconsideration request she should request withdrawal of her appeal before the Board. No additional correspondence has been received.

<sup>3</sup> *J.P.*, 59 ECAB 178 (2007); *Joseph M. Whelan*, 20 ECAB 55, 58 (1968).

<sup>4</sup> *G.T.*, 59 ECAB 447 (2008); *Elaine Pendleton*, 40 ECAB 1143, 1145 (1989); *M.M.*, Docket No. 08-1510 (issued November 25, 2010).

<sup>5</sup> *R.H.*, 59 ECAB 382 (2008); *Ernest St. Pierre*, 51 ECAB 623 (2000); *D.U.*, Docket No. 10-144 (issued July 27, 2010).

<sup>6</sup> *D.I.*, 59 ECAB 158 (2007); *I.R.*, Docket No. 09-1229 (issued February 24, 2010); *W.D.*, Docket No. 09-658 (issued October 22, 2009).

<sup>7</sup> *I.J.*, 59 ECAB 408 (2008); *Victor J. Woodhams*, 41 ECAB 345 (1989).

<sup>8</sup> *B.B.*, 59 ECAB 234 (2007); *D.S.*, Docket No. 09-860 (issued November 2, 2009).

accurate history of employment conditions which are alleged to have caused or exacerbated a disabling condition.<sup>9</sup>

### ANALYSIS

Appellant alleges that her carpal tunnel syndrome resulted from repetitive motion of her right hand in the performance of her duties. In its December 22, 2010 decision, OWCP accepted that appellant's employment duties included repetitively sorting and boxing mail, working the window, and typing on the computer, but denied her claim on the grounds of insufficient medical evidence to establish that she sustained carpal tunnel syndrome causally related to these accepted factors of employment. The Board affirms OWCP's denial decision finding that appellant failed to provide sufficient medical evidence demonstrating that her repetitive work duties caused or contributed to right hand carpal tunnel syndrome.

Appellant submitted medical reports from Dr. May, who has noted a diagnosis of carpal tunnel syndrome. None of the reports from Dr. May submitted to the record however document physical examination findings, diagnostic testing, or any medical explanation as to how the diagnosis of carpal tunnel was made. As such, the record does not contain probative medical evidence to substantiate a diagnosis of carpal tunnel syndrome. In addition, the Board finds that Dr. May's reports do not provide medical history, and a history of injury, other than noting that appellant performs repetitive work duties. In an October 8, 2010 duty status report, Dr. May noted that the alleged injury occurred from repetitive motion of appellant's right hand, wrist, and forearm and checked "yes" that the history of injury described by appellant corresponded with those repetitive motions. She failed to describe appellant's specific duties, such as boxing and sorting mail or typing on the computer, and does not provide any medical rationale explaining how these repetitive motions caused or contributed to appellant's carpal tunnel syndrome. The Board has found that a medical opinion not fortified by medical rationale is of diminished probative value.<sup>10</sup> In addition, in September 27 and October 27, 2010 prescription notes, Dr. May stated that she treated appellant for carpal tunnel syndrome and noted that appellant was unable to grasp catalogs and magazines or do repetitive motions with her right hand until she underwent surgery. Neither of the prescription notes, however, provides any opinion regarding the cause of appellant's carpal tunnel syndrome. These medical notes, therefore, are also insufficient to establish appellant's claim.<sup>11</sup>

Appellant asserts her belief that her carpal tunnel syndrome resulted from over 23 years of repetitive motion in the performance of duty. She has described her employment duties and the development of her right hand symptoms in detail. The Board has held, however, that a claimant's belief that the condition was caused or aggravated by employment factors is insufficient to establish causal relationship.<sup>12</sup> Causal relationship is a medical issue and must be

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<sup>9</sup> *Patricia J. Bolleter*, 40 ECAB 373 (1988).

<sup>10</sup> *See S.E.*, Docket No. 08-2214 (issued May 6, 2009).

<sup>11</sup> *C.B.*, Docket No. 09-2027 (issued May 12, 2010); *S.E.*, *supra* note 10.

<sup>12</sup> *Roy L. Humphrey*, 57 ECAB 238, 242 (2005); *see also Joe T. Williams*, 44 ECAB 518, 521 (1993).

resolved by probative medical evidence.<sup>13</sup> Therefore, appellant's belief that she has carpal tunnel syndrome caused by her federal employment duties does not establish her claim.

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 did not meet her burden of proof to establish that she has carpal tunnel syndrome causally related to factors of her employment.<sup>14</sup>

### **ORDER**

**IT IS HEREBY ORDERED THAT** the December 22, 2010 decision of the Office of Workers' Compensation Programs is affirmed.

Issued: September 26, 2011  
Washington, DC

Richard J. Daschbach, Chief Judge  
Employees' Compensation Appeals Board

Alec J. Koromilas, Judge  
Employees' Compensation Appeals Board

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

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<sup>13</sup> *D.I.*, 59 ECAB 158 (2007); *Margaret Carvello*, 54 ECAB 498 (2003).

<sup>14</sup> The Board notes that appellant submitted additional evidence following the December 22, 2010 merit decision. Since the Board's jurisdiction is limited to evidence that was before OWCP at the time it issued its final decision, the Board may not consider this evidence for the first time on appeal. *See* 20 C.F.R. § 501.2(c); *Sandra D. Pruitt*, 57 ECAB 126 (2005). Appellant may submit that evidence to OWCP along with a request for reconsideration.