

FACTUAL HISTORY

On July 2, 2010 appellant, then a 59-year-old financial information specialist, filed an occupational disease claim (Form CA-2) alleging that, on or before December 3, 2003, she sustained pain and paresthesias of both hands and her right forearm due to keyboarding. She first attributed the condition to work factors on October 5, 2004 but continued to perform computer data entry at work through June 2010 and continuing. Appellant noted an increase of symptoms in her right forearm beginning May 20, 2010.

In a July 27, 2010 letter, OWCP noted that it had accepted a prior December 3, 2003 traumatic injury claim for a left wrist contusion and a prior occupational disease claim for left carpal tunnel syndrome and left radial styloid tenosynovitis sustained on or before June 11, 2003.² It requested that appellant clarify the nature of her present claim, describe the alleged cause and submit medical evidence supporting a causal relationship between the claimed conditions and the identified work factors. OWCP afforded her 30 days in which to submit such evidence.

On August 4, 2010 the employing establishment submitted appellant's position description. The job required using several computer programs, daily electronic communication and data entry.

In an August 5, 2010 report, Dr. John R. Frankeny, II, an attending Board-certified orthopedic surgeon, related appellant's complaints of right upper extremity symptoms over a period of years, with significant increase in the last several months. Appellant underwent decompressive surgery for cubital and carpal tunnel syndrome on the left with "minimal alleviation of symptoms." An electromyogram (EMG) study suggested mild carpal tunnel syndrome on the right. On examination, Dr. Frankeny observed subjective numbness in both hands and forearms. He opined that appellant's symptoms were likely due to multi-system overuse related to the use of a computer. As surgery on the left did not alleviate her symptoms, Dr. Frankeny did not recommend median nerve decompression on the right.

By decision dated September 1, 2010, OWCP denied the claim on the grounds that fact of injury was not established. It found that the evidence did "not support that the injury and/or event(s) occurred." OWCP noted that appellant did not respond to its July 27, 2010 request for a description of the work factors alleged to have caused the claimed condition.

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 filed within the applicable time

² Under File No. xxxxxx746, OWCP accepted left carpal tunnel syndrome and left radial styloid tenosynovitis sustained on or before June 11, 2003. On July 25, 2008 it denied appellant's request for transposition of the left ulnar nerve at the elbow under File No. xxxxxx746. Appellant did not file a timely request for reconsideration. OWCP also accepted a traumatic injury claim under File No. xxxxxx732 for a left wrist contusion, combined under File No. xxxxxx746 on November 13, 2008.

limitation; that an injury was sustained while 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.³ 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.⁴

An occupational disease is defined as a condition produced by the work environment over a period longer than a single workday or shift.⁵ 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 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.⁶

ANALYSIS

Appellant claimed that she sustained bilateral hand and right forearm conditions in the performance of duty due to keyboarding at work. OWCP requested that she provide a description of the identified work factors and medical evidence supporting causal relationship. The employing establishment provided a job description confirming that appellant was required to use a computer on a daily basis. Appellant submitted an August 5, 2010 report from Dr. Frankeny, an attending Board-certified orthopedic surgeon, who provided a history of injury and treatment. He indicated that she intermittently has complained of numbness of the upper extremity symptoms over a number of years, but it came to be more significant in the last number of months. Dr. Frankeny also commented on an EMG report indicating mild carpal tunnel syndrome on the right. He opined that, by history and objective test results, appellant's symptoms were "likely" due to overuse of a computer. Without any explanation or rationale for the conclusion reached, such report is insufficient to establish causal relationship.⁷

³ *Joe D. Cameron*, 41 ECAB 153 (1989).

⁴ *See Irene St. John*, 50 ECAB 521 (1999); *Michael E. Smith*, 50 ECAB 313 (1999).

⁵ 20 C.F.R. § 10.5(q).

⁶ *Solomon Polen*, 51 ECAB 341 (2000).

⁷ *D.D.*, 57 ECAB 734 (2006); *Sedi L. Graham*, 57 ECAB 494 (2006).

On appeal, appellant asserts that Dr. Frankeny's opinion is sufficient to establish causal relationship of the claimed condition.

The Board finds that the position description provided by the employing establishment is sufficient to establish that appellant was required to use a computer on a daily basis. Appellant has thus established this contention as factual. The Board further finds however, that Dr. Frankeny's opinion attributing right carpal tunnel syndrome to computer usage is not sufficiently rationalized to meet appellant's burden of proof in establishing her claim.

Appellant may submit new evidence or argument with a written request for consideration to OWCP within one year of this merit decision, pursuant to 5 U.S.C. § 8128(a) and 20 C.F.R. §§ 10.606 through 10.607.

CONCLUSION

The Board finds that appellant did not meet her burden of proof to establish that her claimed conditions were causally related to her employment.

ORDER

IT IS HEREBY ORDERED THAT the decision of the Office of Workers' Compensation Programs dated September 1, 2010 is affirmed.

Issued: August 20, 2012
Washington, DC

Colleen Duffy Kiko, Judge
Employees' Compensation Appeals Board

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

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