

FACTUAL HISTORY

On July 3, 1996 appellant, then a 46-year-old rural letter carrier, was injured in a motor vehicle accident while in the performance of duty. He claimed this injury caused a wound to the left eyebrow and general soreness. OWCP accepted the claim for laceration to the head, lumbar strain and an aggravation of preexisting osteoarthritis of the left hip. Appellant returned to full-duty work on July 9, 1996 with restrictions on lifting.²

A July 3, 1996 emergency room report noted that appellant was the belted driver of a jeep, which was traveling at a very slow rate of speed, when hit by a car, causing the jeep to veer off the road and roll on the driver's side. Appellant reported hitting his head with no loss of consciousness, nausea, vomiting or blurred vision. He complained of neck pain and had a small laceration above his eyebrow. Appellant was noted to have a history of chronic neck pain and the cervical x-rays showed some degenerative changes. In an August 14, 1996 treatment note, Dr. Thomas Eagan, a Board-certified orthopedic surgeon, reported the motor vehicle accident and that appellant had history of intermittent low back pain over the years. He opined that appellant had a lumbar strain and left hip strain, which aggravated the preexisting arthritis of the hip. Dr. Eagan felt that appellant could continue to work.

Appellant received compensation, including an authorized total left hip replacement on October 29, 2001. He returned to limited-duty work on April 29, 2002 and resumed regular-duty work on September 11, 2002. Appellant stopped work on April 10, 2006 and retired on disability effective February 23, 2007. By decision dated March 21, 2008, OWCP awarded appellant 75 percent permanent impairment of the left lower extremity.

On October 27, 2009 appellant filed a recurrence of disability claim for his work stoppage of April 10, 2006. He stated that his left wrist became progressively worse, more painful and limited in motion and use since the work-related accident and he was unable to complete his work duties. Appellant referenced the September 8, 2009 report of Dr. Eagan. The employing establishment challenged the claim, noting that appellant worked on a farm and had previously filed a claim for a left wrist condition under case number xxxxxx821,³ which was denied.

The only treatment records submitted pertaining to a left wrist condition were from Dr. Eagan, appellant's treating physician, following the work-related motor vehicle accident. Dr. Eagan first mentions appellant's left wrist condition in a November 23, 2004 report. In that report, he noted that appellant's chief complaint was bilateral wrist pain, right shoulder pain, left foot pain, left thigh pain, left hip pain and low back pain. Dr. Eagan indicated that appellant has had pain in those areas for a few years. With respect to appellant's wrist, he diagnosed bilateral carpal tunnel syndrome.

² The record indicates that July 4, 1996 was a holiday, appellant was on annual leave on July 5, 1996, his nonscheduled days were July 6 and 7, 1996, and he was on annual leave on July 8, 1996.

³ This case is not before the Board.

In an August 3, 2006 report, Dr. Eagan noted that appellant was seen at the Veterans Administration for his left wrist and that the x-rays were consistent with avascular necrosis or Kienbock's disease. He diagnosed Kienbock's disease left wrist and carpal tunnel syndrome left hand. Dr. Eagan stated that early retirement from appellant's occupation was advisable. On August 10, 2006 he stated that appellant has osteoarthritis of the left hip, status post hip replacement, degenerative disc disease of the lumbar spine radiating into the left hip region, and avascular necrosis, Kienbock's disease and carpal tunnel syndrome of the left hand. Dr. Eagan opined that all of these conditions contributed to appellant's difficulty performing any gainful employment. In a January 22, 2008 report, he stated that appellant injured his back and left wrist in the 1996 motor vehicle accident. Dr. Eagan advised that appellant had left wrist pain after the accident, which progressed to arthritis. He stated that, after appellant lost the strength in his left wrist, he had to stop working and that, combined with his other problems, put him out of work. Appellant could not push on anything over a small amount of pressure with his left hand and could not hold mail, which was why he had to stop work. On February 26, 2009 Dr. Eagan stated that appellant injured his left wrist in the 1996 motor vehicle accident and opined that the avascular necrosis of the left carpal lunate was related to the work injury. He further opined that appellant was totally disabled as a postal worker and that the left wrist was functionless with regard to handling mail.

In September 3 and 8, 2009 reports, Dr. Eagan reported that appellant stated that he had left wrist discomfort after the accident and thought he had carpal tunnel, but he had so much hip and back pain, that the wrist pain was not obvious until later. Appellant reported bracing himself on the steering wheel with his hands at the time of the accident. He stated that the shaft at the end of the steering box snapped off, indicating that a significant force was transmitted. Appellant also reported that he did not have any pain in his left wrist prior to the motor vehicle accident and that he did not initially connect the pain of his left wrist to the injury. Dr. Eagan opined that appellant had a forceful injury of the left wrist causing avascular neurosis of the lunate, which worsened over time and resulted in post-traumatic arthritis of the left wrist with wrist subluxation. He opined that, since appellant was asymptomatic before the injury, there was a causal relationship between the direct trauma of the steering wheel to this left wrist.

In a November 19, 2009 letter, OWCP advised appellant of the factual and medical evidence needed to support a recurrence claim and accorded him 30 days in which to supply such information. Copies of Dr. Eagan's reports previously of record were resubmitted.

By decision dated January 8, 2010, OWCP denied the recurrence claim finding that the medical evidence did not establish a change in the nature and extent of appellant's injury-related condition. It also found that his current medical condition was not causally related to his accepted employment-related injury.

On January 29, 2010 appellant requested an oral hearing. Copies of reports already of record were received. In a March 17, 2010 decision, an OWCP hearing representative found the case not in posture for decision as OWCP did not issue the January 8, 2010 decision to appellant's representative. The case was remanded to OWCP for a *de novo* decision.

In January 28 and March 3, 2010 reports, Dr. Eagan discussed the osteoarthritis in appellant's left hip. He found the hip replacement in good alignment and opined that appellant

was totally disabled. In his March 3, 2010 report, Dr. Eagan opined with a checkmark “yes” that appellant’s hip replacement was causally related to the work injury.

By decision dated March 25, 2010, OWCP denied the recurrence claim. It found the evidence failed to support that appellant’s accepted conditions worsened on April 12, 2006 or explain, from a medical perspective, how the current left wrist condition was related to the injury of July 3, 1996.

On April 15, 2010 appellant requested an oral hearing, which was held telephonically on July 14, 2010. Appellant’s attorney argued that Dr. Eagan’s reports support that appellant sustained a left wrist injury during the motor vehicle accident of July 3, 1996 and that the necrosis was a condition that developed over time. Appellant testified that he did not initially relate his wrist problem to the motor vehicle accident and tolerated his wrist symptoms for years until he was diagnosed with avascular necrosis in the left wrist. He stated that he did not have any trauma to the wrist before or after the July 3, 1996 motor vehicle accident. Appellant further stated that he stopped work on April 10, 1996 in large part due to his wrist condition. Duplicative copies of reports previously of record were provided.

In a July 30, 2010 report to appellant’s counsel, Dr. Eagan indicated that appellant’s motor vehicle accident was a high energy impact which caused the vehicle to turn over. He also discussed why it took appellant over eight years to develop symptoms and seek medical attention for his wrist.⁴ Dr. Eagan stated that on September 3, 2009 appellant reported having discomfort of his left wrist after the motor vehicle accident. He indicated that appellant had a great deal of back and hip pain which occupied his attention and that when a person is having a great deal of pain in one area, areas of lesser pain become less noticeable. Dr. Eagan indicated that appellant’s wrist pain gradually became worse over time and that it may take years after trauma for avascular necrosis to become symptomatic. He stated that the wrist is a nonweight-bearing joint and symptoms are well tolerated over a period of time. Dr. Eagan indicated that appellant thought he had carpal tunnel syndrome of the left wrist and that nothing could be done about it. He indicated that trauma to the wrist incurred on July 3, 1996 compromised the blood supply to the carpal lunate and the lack of blood essentially caused the bone to lose its viability. Dr. Eagan opined that appellant had sufficient trauma to the wrist to cause avascular insult, which over time led to avascular necrosis of the carpal lunate. He stated that x-rays of the avascular necrosis and wrist joint narrowing are consistent with an injury that took place in 1996 and that this type of condition of Kienbock’s is known to slowly progress over many years. Dr. Eagan indicated that appellant did have symptoms from the time of the injury, other things occupied his attention, such as a post-traumatic arthritic condition of the hip, which required a hip replacement.

In a November 16, 2010 decision, an OWCP hearing representative affirmed the prior decision. The hearing representative found Dr. Eagan’s medical opinion was insufficient to show that the left wrist condition was due to the work injury or to establish a recurrence of disability effective April 10, 2006.

⁴ Appellant first sought symptoms for his wrist on November 23, 2004.

LEGAL PRECEDENT -- ISSUE 1

Where appellant claims a recurrence of disability due to an accepted employment-related injury, he has the burden of establishing by the weight of the substantial, reliable and probative evidence that the subsequent disability for which he claims compensation is causally related to the accepted injury.⁵ This burden includes the necessity of furnishing evidence from a qualified physician who, on the basis of a complete and accurate factual and medical history, concludes that the condition is causally related to the employment injury and supports that conclusion with sound medical reasoning.⁶

To show a change in the degree of the work-related injury or condition, the claimant must submit rationalized medical evidence documenting such change and explaining how and why the accepted injury or condition disabled the claimant for work on and after the date of the alleged recurrence of disability.⁷

ANALYSIS -- ISSUE 1

OWCP accepted that appellant's July 3, 1996 motor vehicle accident caused an open scalp wound, lumbosacral strain and an aggravation of preexisting left hip osteoarthritis, for which he underwent a total left hip replacement on October 29, 2001. Appellant eventually resumed regular duty. He claimed a recurrence of disability beginning April 10, 2006 due to his left wrist condition, a nonaccepted condition, which he alleged became progressively worse since the motor vehicle accident and that he was unable to complete his work duties.

The Board notes that Dr. Eagan has not provided any rationale that appellant sustained a change in the nature or extent of his injury-related conditions. OWCP accepted that appellant sustained an aggravation of preexisting osteoarthritis of the left hip and authorized a total left hip replacement. In his January 28 and March 3, 2010 reports, Dr. Eagan commented that the hip replacement was in good alignment and that appellant was totally disabled. However, he offered no explanation as to how or why appellant would be disabled from April 10, 2006 onward due to an accepted injury-related condition. Dr. Eagan also did not indicate that any of appellant's other work-related conditions had changed to a recurrence of total disability. Thus, appellant has not met his burden of proof to establish a recurrence of total disability on April 10, 2006 causally related to his accepted employment injuries.

LEGAL PRECEDENT -- ISSUE 2

Where an employee claims that a condition not accepted or approved by OWCP was due to an employment injury, he bears the burden of proof to establish that the condition is causally related to the employment injury.⁸ To establish a causal relationship between the condition as

⁵ *John E. Blount*, 30 ECAB 1374 (1974).

⁶ *See Nicolea Brusco*, 33 ECAB 1138, 1140 (1982); *L.H.*, Docket No. 10-2248 (issued July 22, 2011).

⁷ *James H. Botts*, 50 ECAB 265 (1999).

⁸ *See Jaja K. Asaramo*, 55 ECAB 200 (2004).

well as any attendant disability claimed and the employment injury, an employee must submit rationalized medical evidence based on a complete medical and factual background supporting such a causal relationship.⁹ Causal relationship is a medical issue and the medical evidence required to establish a causal relationship is rationalized medical evidence.¹⁰ Rationalized medical evidence is evidence which includes a physician's rationalized medical opinion on the issue of whether there is a causal relationship between the diagnosed condition and the specific employment factors identified by the claimant.¹¹ 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 causal relationship.¹²

ANALYSIS -- ISSUE 2

In support of his request to expand his claim to include a left wrist condition, appellant submitted reports from Dr. Eagan, his treating physician following the work-related motor vehicle accident. The Board notes that, while he asserts that he had discomfort in his wrist following the July 3, 1996 motor vehicle accident, none of the most contemporaneous documents of record reference a wrist injury or wrist symptoms following the motor vehicle accident. The hospital report immediately following the motor vehicle accident does not address or mention a left wrist condition.

The only medical reports addressing a left wrist condition are from Dr. Eagan, appellant's attending physician, who began treating appellant following the July 3, 1996 motor vehicle accident. However Dr. Eagan does not mention a wrist condition until November 23, 2004, eight years after the motor vehicle accident of July 3, 1996, when he states that appellant has had bilateral wrist pain for a few years. He fails to attribute appellant's bilateral wrist pain to his employment duties or to the accepted injury of July 3, 1996. On August 3, 2006 Dr. Eagan diagnosed appellant's left wrist with avascular necrosis of the carpal lunate, *i.e.*, Kienbock's disease, but he offered no opinion on the causal relationship of such condition. While he subsequently opined that appellant's left wrist condition is causally related to the July 3, 1996 accident, his opinion appears to be based on appellant's version of events and not on the documented history or background of this case. In his January 22, 2008 report, Dr. Eagan first relates appellant's left wrist condition to the July 3, 1996 motor vehicle accident. However, he offered no rationale as to how a wrist injury was sustained during the July 3, 1996 motor vehicle accident. In his September 3 and 8, 2009 reports, Dr. Eagan opines that appellant sustained a forceful injury of the left wrist, which subsequently caused avascular neurosis and post-traumatic arthritis with left wrist subluxation, based on appellant's report that he had braced himself on the steering wheel with his hands at the time of the accident and the steering shaft at the end of the steering box had snapped off. He opined that appellant's left wrist condition was causally related

⁹ See *M.W.*, 57 ECAB 710 (2006); *John D. Jackson*, 55 ECAB 465 (2004).

¹⁰ See *D.E.*, 58 ECAB 448 (2007); *Mary J. Summers*, 55 ECAB 730 (2004).

¹¹ See *Phillip L. Barnes*, 55 ECAB 426 (2004); *Leslie C. Moore*, 52 ECAB 132 (2000).

¹² See *V.W.*, 58 ECAB 428 (2007); *Ernest St. Pierre*, 51 ECAB 623 (2000).

to the motor vehicle accident because he had a forceful injury of the left wrist, pointing out that he was asymptomatic prior to this event. Although Dr. Eagan attributed appellant's condition to the July 3, 1996 motor vehicle accident, he did not clearly explain why such an accident would cause appellant's wrist condition, why such a condition would come to light many years after the work injury, and why appellant did not complain of his wrist condition contemporaneous to the injury. Moreover, his observation that appellant was asymptomatic before the motor vehicle accident and symptomatic afterward, by itself, is not sufficient opinion on causal relationship.¹³ A temporal relationship alone has been held of diminished probative value on causal relation.¹⁴ In his July 30, 2010 report, Dr. Eagan advised that appellant had symptoms from the time of the injury but this is not supported by the contemporaneous evidence of record. This is important given that there is no medical evidence of bridging symptoms that address a left wrist condition from 1996 to 2004, when appellant was noted to have had pain in his left wrist for "a few years."¹⁵ During this eight-year period, there is no evidence of any physician treating appellant for any trauma-related wrist condition. Appellant continued to work until April 10, 2006, without any indication of wrist issues until August 3, 2006, when he was diagnosed with avascular necrosis. The absence of prior evidence of a trauma induced left wrist injury and his apparent ability to work until April 2006 mitigates against the July 3, 1996 injury as a cause of the left wrist condition.¹⁶ Thus, Dr. Eagan's opinions are not sufficiently rationalized to meet appellant's burden of proof in establishing his claim to include additional conditions.

On appeal appellant's attorney argues that Dr. Eagan's opinions are sufficiently rationalized to meet appellant's burden of proof. However, for the reasons set forth, Dr. Eagan's opinions are not sufficiently rationalized to meet appellant's burden of proof in establishing his claim to include additional conditions.

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 his burden of proof to establish a recurrence of total disability on April 10, 2006 causally related to his accepted employment injuries. Appellant also has failed to meet his burden of proof to expand his claim to include a left wrist condition.

¹³ See *D.I.*, 59 ECAB 158 (2007); *T.M.*, Docket No. 08-975 (issued February 6, 2009).

¹⁴ See *Louis T. Blair, Jr.*, 54 ECAB 348 (2003).

¹⁵ See *R.L.*, Docket No. 09-714 (issued January 4, 2010); *M.C.*, Docket No. 09-393 (issued October 9, 2009).

¹⁶ *M.J.*, Docket No. 08-2549 (issued July 9, 2009).

ORDER

IT IS HEREBY ORDERED THAT the Office of Workers' Compensation Programs' decision dated November 16, 2010 is affirmed.

Issued: February 13, 2012
Washington, DC

Alec J. Koromilas, Judge
Employees' Compensation Appeals Board

Colleen Duffy Kiko, Judge
Employees' Compensation Appeals Board

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