

activities. She stated that her pain began in 2007 and she was diagnosed with bilateral CTS in 2008.

In a January 18, 2009 statement, appellant noted that she had used her hands, wrists and arms extensively in every position she held at the employing establishment since 1980. Her repetitive duties included keyboarding, casing mail, sweeping boxes, operating a flat sorter machine and scanning.

In a letter dated January 19, 2009, supervisor Derrick Moore stated that appellant worked as an express mail relief clerk eight hours per day, five days a week. Appellant's duties included keyboarding, preparing mail for dispatch and scanning mail.

Appellant was treated by Dr. Jeffrey J. Tiedeman, a Board-certified orthopedic surgeon. In a January 29, 2008 disability slip, Dr. Tiedeman stated that she was under his care for bilateral CTS and that she could return to work with no restrictions on that date.

In a letter dated February 4, 2009, OWCP informed appellant that the evidence submitted was insufficient to establish her claim. It advised her to submit details regarding the employment duties she believed caused or contributed to her claimed condition, as well as a comprehensive medical report from a treating physician, which contained symptoms, a diagnosis and an opinion with an explanation as to the cause of her diagnosed condition.

Appellant submitted a January 29, 2008 report from Dr. Tiedeman, who stated that he had treated her in the past for a partial amputation of her left small finger. She developed increasing bilateral hand pain and numbness over the previous few months. On examination, appellant had positive provocative maneuvers for CTS bilaterally, including a median nerve compression test and Phalen's test. Digital motion was full and there was no catching or triggering about her digits. Appellants had good tone of thenar musculature. There was no swelling. Dr. Tiedeman diagnosed bilateral CTS.

Appellant submitted an October 1, 2007 job description for a relief express clerk. The duties included: simple grasping up to eight hours per day; pushing and pulling up to 1500 pounds for 100 feet; and carrying and lifting up to 70 pounds intermittently.

In a January 20, 2009 report, Dr. Tiedeman noted appellant's complaints of persistent problems with pain and numbness in her hands. He stated that she provided a written description of her job duties, which she believed contributed to the development of her symptoms. Examination revealed positive provocative maneuvers for CTS bilaterally; full digital motion; no distinct atrophy; thenar musculature or swelling about appellant's hands; and no catching or triggering. Dr. Tiedeman diagnosed bilateral CTS, based upon examination and her long-standing symptoms. He recommended electrodiagnostic testing to clarify her diagnosis.

The record contains a January 27, 2009 report of an electromyogram (EMG)/nerve conduction study (NCS) test signed by Dr. Len Weber, a Board-certified neurologist. Testing revealed moderate to severe bilateral median neuropathies across the carpal tunnels bilaterally, right worse than left.

In a February 5, 2009 report, Dr. Tiedeman noted appellant's continued complaints of intermittent pain and numbness in her hands. Examination revealed positive provocative maneuvers for CTS, full digital motion and no distinct atrophy of the thenar musculature. Dr. Tiedeman reviewed Dr. Weber's January 27, 2009 EMG/NCS report, which reflected bilateral median nerve injuries within the carpal tunnels, moderate to severe in degree, worse on the right than left. Noting that appellant's symptoms were long-standing, he diagnosed bilateral CTS and recommended surgery to prevent progressive neurologic deficit.

In a February 11, 2009 attending physician's report, Dr. Tiedeman indicated that appellant was scheduled for carpal tunnel release surgery on February 26, 2009. He stated that "repetitive use could aggravate [her] condition."

By decision dated March 25, 2009, OWCP denied appellant's claim on the grounds that she had not established a causal relationship between the diagnosed condition and established work-related events.

On April 22, 2009 appellant requested a review of the written record.

In an April 21, 2009 report, Dr. Tiedeman stated that appellant was proceeding satisfactorily following carpal tunnel release surgery. Stating that she was at maximum medical improvement, he opined that she had a three percent permanent impairment of each hand as a result of her diagnosis of CTS. Dr. Tiedeman stated: "As far as the etiology of her problem, I am of the opinion that her job-related duties were a significant contributing factor to the development of the diagnosis of [CTS] and, therefore, should be considered work related."

In a letter dated June 25, 2010, Dr. Tiedeman stated:

"I have reviewed a description of the job tasks that [appellant] performed as part of her specific duties. I have previously stated in the medical record on April 21, 2009 that it would be my opinion that her job-related duties were a significant contributing to the development of her diagnosis of [CTS] and, therefore, should be considered work related. That opinion remains unchanged."

In a decision dated July 21, 2009, an OWCP hearing representative affirmed the March 25, 2009 decision. He found that appellant had established that her job required repetitive hand movements and that she had been diagnosed with CTS. Appellant's claim was denied, however, as the medical evidence was not sufficient to establish a causal relationship between the employment activities and the diagnosed CTS.

On July 16, 2010 appellant requested reconsideration, asking OWCP to reconsider Dr. Tiedeman's June 25, 2010 report, a copy of which she resubmitted.

By decision dated February 3, 2011, OWCP denied modification of its prior decision on the grounds that appellant had failed to provide any rationalized medical evidence explaining how and why her established federal employment duties were competent to have caused her diagnosed CTS.

LEGAL PRECEDENT

FECA provides for payment of compensation for disability or death of an employee, resulting from personal injury sustained while in the performance of duty.² The phrase “sustained while in the performance of duty” is regarded as the equivalent of the coverage formula commonly found in workers’ compensation laws, namely, “arising out of and in the course of employment.”³

An employee seeking benefits under FECA has the burden of proof to establish the essential elements of 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, that an injury was sustained in the performance of duty as alleged and that any disability or specific condition for which compensation is claimed is causally related to the employment injury.⁴ An employee seeking benefits under FECA⁵ 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 an 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.⁶ 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.⁷

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) 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 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, generally, is 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

² 5 U.S.C. § 8102(a).

³ This construction makes the statute effective in those situations generally recognized as properly within the scope of workers’ compensation law. *Charles E. McAndrews*, 55 ECAB 711 (2004); *see also Bernard D. Blum*, 1 ECAB 1 (1947).

⁴ *Robert Broome*, 55 ECAB 339 (2004).

⁵ 5 U.S.C. §§ 8101-8193.

⁶ *Joe D. Cameron*, 41 ECAB 153 (1989); *Elaine Pendleton*, 40 ECAB 1143, 1145 (1989).

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

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.⁸

An award of compensation may not be based on appellant's belief of causal relationship. Neither the mere fact that a disease nor condition manifests itself during a period of employment nor the belief that the disease nor condition was caused or aggravated by employment factors or incidents is sufficient to establish a causal relationship.⁹

ANALYSIS

The medical evidence submitted by appellant is insufficient to establish that her diagnosed medical condition was caused or aggravated by factors of her federal employment. Therefore, she has failed to meet her burden of proof.

On January 29, 2008 Dr. Tiedeman provided minimal examination findings and diagnosed CTS. He did not, however, provide an opinion as to the cause of appellant's CTS condition. Medical evidence which does not offer any opinion regarding the cause of an employee's condition is of limited probative value on the issue of causal relationship.¹⁰

On January 20, 2009 Dr. Tiedeman recommended an EMG to verify his diagnosis of CTS, suggesting uncertainty as to his diagnosis. He again failed to provide a definitive opinion as to the cause of the condition. Dr. Tiedeman stated that appellant provided a written description of her job duties, which she believed contributed to the development of her symptoms. He did not, however, indicate whether or not he agreed with her opinion. Therefore, the report is of diminished probative value.

In a February 5, 2009 report, Dr. Tiedeman reviewed Dr. Weber's January 27, 2009 EMG/NCS report, which confirmed his diagnosis of bilateral CTS and recommended surgery to prevent progressive neurologic deficit. Absent any opinion on the causal relationship between appellant's repetitive job duties and the diagnosed CTS, this report is of limited probative value.

A February 11, 2009 attending physician's report indicated that appellant was scheduled for carpal tunnel release surgery on February 26, 2009 and that "repetitive use could aggravate [appellant's] condition." To the extent that Dr. Tiedeman's statement regarding repetitive use constitutes an opinion on the cause of her condition, it is vague and speculative. Moreover, he did not describe appellant's job duties or explain the medical process through which such duties would have been competent to cause the claimed condition. Medical conclusions unsupported by rationale are of little probative value.¹¹

⁸ *Id.*

⁹ *Dennis M. Mascarenas*, 49 ECAB 215, 218 (1997).

¹⁰ *Michael E. Smith*, 50 ECAB 313 (1999).

¹¹ *Willa M. Frazier*, 55 ECAB 379 (2004).

In an April 21, 2009 report, Dr. Tiedeman stated that appellant was proceeding satisfactorily following carpal tunnel release surgery and opined that her job-related duties were “a significant contributing factor to the development of the diagnosis of [CTS] and, therefore, should be considered work related.” On June 25, 2010 he reiterated his opinion, noting that he had reviewed a description of the job tasks that she performed as part of her specific duties. Neither report, however, contains a complete factual and medical background, a description of the specific job duties that purportedly caused the CTS condition or an explanation of how those job duties contributed to the development of her condition. Dr. Tiedeman did not address, for example, whether appellant’s current condition could be causally related to the prior amputation of her left small finger. For these reasons, his reports are of limited probative value and are insufficient to establish a causal relationship between her diagnosed condition and the established employment activities.

The remaining medical evidence of record (including EMG/NCS reports) which does not contain an opinion on causal relationship, is of limited probative value and insufficient to establish appellant’s claim.

Appellant expressed her belief that her claimed condition resulted from her duties as a clerk. However, the Board has held that the mere fact that a condition manifests itself during a period of employment does not raise an inference that there is a causal relationship between the two.¹² Neither the fact that the condition became apparent during a period of employment, nor the belief that the condition was caused or aggravated by employment factors or incidents, is sufficient to establish causal relationship.¹³ Causal relationship must be substantiated by reasoned medical opinion evidence, which it is appellant’s responsibility to submit. Therefore, appellant’s belief that her condition was caused by the alleged work-related injury is not determinative.

OWCP advised appellant that it was her responsibility to provide a comprehensive medical report which described her symptoms, test results, diagnosis, treatment and the physician’s opinion, with medical reasons, on the cause of her condition. Appellant failed to do so. As there is no probative, rationalized medical evidence addressing how her claimed condition was caused or aggravated by her employment, she has not met her burden of proof in establishing that she sustained an occupational disease in the performance of duty causally related to factors of employment.

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 sustained an injury in the performance of duty.

¹² See *Joe T. Williams*, 44 ECAB 518, 521 (1993).

¹³ *Id.*

ORDER

IT IS HEREBY ORDERED THAT the February 3, 2011 decision of the Office of Workers' Compensation Programs is affirmed.

Issued: February 27, 2012
Washington, DC

Alec J. Koromilas, Judge
Employees' Compensation Appeals Board

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

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