

which she stated had taken a toll on her shoulders, elbows, wrists and hands and exacerbated her neck symptoms.²

In a decision dated February 21, 2013, OWCP denied appellant's claim.

Appellant requested reconsideration and clarified her activities since stopping work in December 2011.

Dr. John M. Larsen, the attending Board-certified orthopedic surgeon, noted appellant's injuries in 1999 (cervical/lumbar) and 2011 (right biceps). He reviewed medical records regarding the occupational injury she described as beginning in 1990 and ending in 2011. Dr. Larsen noted that the medical records clearly documented the history that appellant had told him. They documented industrial causation with respect to her upper extremity problems. Dr. Larsen noted the repetitive activities appellant performed as a letter carrier. "As such, I believe that [appellant] on a continuous trauma basis while working as a letter carrier over a long period of time, injured her neck, left shoulder, right shoulder, left elbow, left wrist, right elbow and right first carpometacarpal joint."

Dr. Larsen examined appellant in April 2013 and reiterated his belief that there was evidence of causation regarding her continuous trauma injury from her federal employment.

In a decision dated June 10, 2013, OWCP reviewed the merits of appellant's case and modified the basis of its denial. It found that the evidence supported that she performed various rural letter carrier duties from 1990 to December 2011 that required the use of her hands, wrists, elbows and shoulders. OWCP found, however, that none of the medical evidence provided a rationalized opinion on causal relationship. Although Dr. Larsen believed that appellant sustained upper extremity conditions over the course of her federal employment, he did not outline the specific conditions that he believed were caused by her employment.

Appellant again requested reconsideration and submitted a June 14, 2013 report from Dr. Larsen, who described the physical demands of her postal position, with some attention to how her short stature affected these demands. Dr. Larsen explained that the overuse injury caused by the activities required to deliver mail were superimposed on the problems she already had due to casing the mail. "These two added together put tremendous stress and strains on her neck, left shoulder, bilateral elbows, bilateral wrists and bilateral thumbs overall more than a 20-year time period." Dr. Larsen found that the repetitive motion of the neck and the prolonged above-shoulder-level gaze that occurred primarily with casing and to a lesser degree while delivering mail, led to an aggravation of appellant's cervical condition. Further, the repetitive reaching and prolonged above-shoulder-level activities she performed over more than 20 years while casing and to a lesser extent while delivering mail, led to bursitis and acromioclavicular (AC) joint symptoms. Also, the repetitive sorting and grasping required to case mail and to a lesser extent to deliver mail, led to the tendinitis and neuropathy about appellant's elbows and wrists and the degeneration of the first carpometacarpal joint. "In summary then, it is clear to me as a practicing orthopedic surgeon, that the patient's neck, left shoulder, bilateral elbows,

² Appellant indicated that she had right rotator cuff surgery in July 2012. She also indicated that OWCP had accepted right carpal tunnel syndrome and cervicalgia under OWCP File No. xxxxxx296.

bilateral wrists and bilateral thumbs were injured on a continuous trauma basis by the activities which I have described which she performed for more than 20 years while working for the [employing establishment].”

OWCP received a copy of Dr. Larsen’s January 18, 2013 report, which first addressed appellant’s new claim for injuries sustained on a continuous trauma basis. Dr. Larsen noted that she developed pain in her neck, left shoulder, bilateral elbows and wrists during the course of her federal employment. Appellant attributed this to the repetitive sorting of up to 2,000 letters per day and casing up to 1,000 magazines and other forms in a case that reached up to six feet in height, which required repetitive overhead reaching. She also attributed the pain to prolonged and repetitive driving, carrying a mailbag on her shoulders while walking and delivering mail to residents. Dr. Larsen noted right shoulder surgery in 2012 for a previous injury, after which appellant compensated by using her left arm more, which caused increasing pain in her left shoulder and neck.

Dr. Larsen described his findings and his diagnoses.³ He reviewed the information appellant provided regarding the activities that she performed on a daily basis over many years, “and there are activities which did cause these problems [appellant’s] has complained of.” As examples, Dr. Larsen described how casing mail required repetitive motion of the neck and prolonged above-head-level activity and at only five foot one, she had to look up many hundreds of times a day, which led to an overused injury to her neck. When she cased mail, appellant held it in her left hand and the continuous slotting of the mail with her right hand led to tendinitis and neuritis in both of her hands. “The carpometacarpal joint arthrosis in both of [appellant’s] hands was caused by these activities as well.” Dr. Larsen also described how delivering mail required continuous and repetitive activities with her upper extremities as she drove, grabbed the mail, opened the mailboxes and placed the mail into the boxes, which led to the problems she had with her neck, left shoulder, left elbow, left wrist, right elbow and right hand.

Dr. Larsen added that the treatment appellant received in earlier years for her disorder substantiated the causation regarding her injury. He found no nonindustrial issue of causation. Thus, Dr. Larsen opined that the industrial injury appellant described was valid.

In a decision dated February 3, 2014, OWCP reviewed the merits of appellant’s case and denied modification of its prior decision. It found that Dr. Larsen failed to adequately explain how her duties resulted in the diagnosed conditions.

LEGAL PRECEDENT

FECA provides compensation for the disability of an employee resulting from personal injury sustained while in the performance of duty.⁴ An employee seeking benefits under FECA

³ Right shoulder pain, stiffness and weakness status post arthroscopic rotator cuff repair/subacromial decompression/Mumford; postoperative right carpal tunnel syndrome; exacerbation of preexisting cervical condition; left shoulder bursitis with AC joint symptoms; left tennis elbow with radial tunnel syndrome; left first carpometacarpal joint pain; left carpal tunnel syndrome; right tennis elbow and radial tunnel syndrome; right first carpometacarpal joint pain.

⁴ 5 U.S.C. § 8102(a).

has the burden of proof to establish the essential elements of his or her claim. When an employee claims that he or she sustained an injury in the performance of duty, he or she must submit sufficient evidence to establish that he or she experienced a specific event, incident or exposure occurring at the time, place and in the manner alleged. He or she must also establish that such event, incident or exposure caused an injury.⁵

Causal relationship is a medical issue⁶ and the medical evidence generally required to establish causal relationship is rationalized medical opinion evidence. The opinion of the physician must be based on a complete factual and medical background of the claimant,⁷ must be one of reasonable medical certainty⁸ and must be supported by medical rationale explaining the nature of the relationship between the diagnosed condition and the established incident or factor of employment.⁹

ANALYSIS

OWCP accepted that appellant performed various duties as a rural letter carrier from 1990 to December 2011, duties that required the use of her hands, wrists, elbows and shoulders. Appellant established that she experienced occupational exposures occurring at the time, place and in the manner alleged.

Dr. Larsen, the attending orthopedic surgeon, demonstrated his understanding of the physical demands of these duties. He described how appellant cased and delivered mail. Dr. Larsen also reviewed previous medical reports. He diagnosed left shoulder bursitis, bilateral tennis elbow with radial tunnel syndrome and left carpal tunnel syndrome. Dr. Larsen attributed these conditions to the repetitive activities appellant's performed as a letter carrier over a prolonged period of time.

The Board finds that Dr. Larsen based his opinion on a proper factual and medical history. He also expressed his opinion to a reasonable medical certainty. Dr. Larsen did not equivocate or signify any doubt about the causal relationship between appellant's duties at work and her diagnosed medical conditions.

With respect to medical rationale, Dr. Larsen observed that appellant had performed repetitive activities as a letter carrier over a prolonged period of time. He concluded that she had sustained injuries on a continuous trauma basis. Dr. Larsen noted no nonindustrial issue of causation. Although he did not describe how repetitive motion or overuse can inflame or swell tissues surrounding peripheral nerves or joints, Dr. Larsen's familiarity with the physical demands of appellant's particular duties and how she performed them over time, together with

⁵ *John J. Carlone*, 41 ECAB 354 (1989).

⁶ *Mary J. Briggs*, 37 ECAB 578 (1986).

⁷ *William Nimitz, Jr.*, 30 ECAB 567, 570 (1979).

⁸ *See Morris Scanlon*, 11 ECAB 384, 385 (1960).

⁹ *See William E. Enright*, 31 ECAB 426, 430 (1980).

the fact that OWCP has already accepted an employment-related right carpal tunnel syndrome under another claim, leads the Board to find that his medical rationale is sufficiently supportive of her occupational disease claim to require further development of the medical evidence.¹⁰ The Board will set aside OWCP's September 5, 2013 decision in part and remand the case for further development and a *de novo* decision on this aspect of appellant's claim.

As for appellant's preexisting cervical condition and bilateral first carpometacarpal joint arthrosis, Dr. Larsen did not explain how appellant's duties caused or exacerbated any arthrosis or degenerative changes nor did he explain what objective findings documented an exacerbation caused by employment, as opposed to the natural progression of the disease. As such, Dr. Larsen's opinion does not establish that these conditions are causally related to the duties appellant's performed as a letter carrier. Her medical rationale is insufficient to discharge appellant's burden of proof with respect to these conditions. Accordingly, the Board will affirm OWCP's September 5, 2013 decision in part.

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 to establish that she sustained a neck or first carpometacarpal joint condition in the performance of duty. The Board finds that this case is not in posture for decision with respect to her repetitive motion injuries.

¹⁰ *John J. Carlone, supra* note 5 (remanding the case for further development of the medical evidence given the uncontroverted inference of causal relationship).

ORDER

IT IS HEREBY ORDERED THAT the September 5, 2013 decision of the Office of Workers' Compensation Programs is affirmed in part and set aside in part. The case is remanded for further action.

Issued: August 15, 2014
Washington, DC

Patricia Howard Fitzgerald, Acting Chief Judge
Employees' Compensation Appeals Board

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

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