

steering wheel for long periods of time. He first became aware of his condition on January 23, 2012 and realized it resulted from his employment on October 28, 2013. Appellant did not stop work. He explained that from January 2012 to October 2013 he experienced these symptoms in his hands occasionally but they subsided. On October 28, 2013 appellant was on a long distance work trip that lasted approximately five hours and felt tingling and numbness in his hands.

In an October 31, 2013 report, Dr. Amanda Hagen, Board-certified in public health and general preventive medicine, diagnosed carpal tunnel syndrome and left elbow lateral epicondylitis. She noted appellant's date of injury as October 28, 2013 and opined that appellant's problem was work related. Dr. Hagen recommended physical therapy and a nerve conduction velocity (NCV) examination. She authorized appellant to return to work without restrictions.

By letter dated December 24, 2013, OWCP advised appellant that the evidence submitted was insufficient to establish his claim. It requested additional medical evidence to demonstrate that his diagnosed hand conditions were caused or aggravated by his employment.

In an October 31, 2013 report, Dr. Robert Pietropaoli, a Board-certified internist, related appellant's complaints of numbness and tingling in both hands after a long distance trip for work. He stated that appellant worked as a motor vehicle operator who pushed and pulled equipment throughout the day. Dr. Pietropaoli reviewed appellant's history and noted that he initially reported these symptoms to his primary care physician during his annual physical in 2012 but no treatment was pursued. Upon examination of both elbows, he observed no deformity, ecchymosis or erythema and no tenderness to maneuvers. Range of motion was full. Dr. Pietropaoli reported pain upon palpation of the left medial epicondyle. Phalen's and Tinel's tests were positive on the bilateral wrists and hands. Dr. Pietropaoli diagnosed bilateral carpal tunnel syndrome and left elbow lateral epicondylitis. He opined that based on the information he reviewed he considered appellant's problem to be work related. Dr. Pietropaoli answered "yes" that appellant's complaints were consistent with his history of injury and that his history of injury was consistent with objective examination findings.

In a handwritten January 6, 2014 statement, appellant listed the employment-related duties he believed contributed to his condition: gripping support rails to enter and exit vehicles 25 to 30 times a day; pushing equipment with mail and parcels 50 times a day; turning equipment and bumping over dock plates 50 to 60 times a day; using ratchet straps to secure and unsecure equipment 30 to 35 times a day; and gripping the steering wheel three to six hours a day. He stated that he also spent about 30 minutes outside of work exercising, which included jogging, riding a bicycle and stretching. Appellant explained that he experienced numbness and tingling in his hands and fingers that came and went during work activities. He noted that it was first diagnosed as work related during a January 23, 2012 routine physical. Appellant stated that he did not miss any time off work and was under no work restrictions.

By decision dated February 4, 2014, OWCP accepted that appellant's work as a motor vehicle operator required repetitive use of the hands and that he sustained bilateral carpal tunnel syndrome and left elbow lateral epicondylitis. It denied his claim finding insufficient medical evidence to establish that his hand conditions were causally related to factors of his employment.

LEGAL PRECEDENT

An employee seeking benefits under FECA has the burden of proof to establish the essential elements of his or her claim by the weight of the reliable, probative and substantial evidence² including that he or she sustained an injury in the performance of duty and that any specific condition or disability for work for which he or she claims compensation is causally related to that employment injury.³ 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.⁴

Causal relationship is a medical issue and the medical evidence generally required to establish causal relationship is rationalized medical opinion evidence.⁵ 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.⁶

ANALYSIS

Appellant claimed that he sustained a bilateral hand condition as a result of his duties as a motor vehicle operator. He provided a detailed list of his employment duties and OWCP accepted that his duties involved repetitive use of the hands and that he sustained bilateral carpal tunnel syndrome and left elbow lateral epicondylitis. OWCP denied his claim finding insufficient medical evidence to establish that his diagnosed conditions resulted from factors of his employment. The Board finds that appellant did not submit sufficient medical evidence to establish his claim.

Appellant submitted an October 31, 2013 report by Dr. Pietropaoli, who stated that appellant worked as a motor vehicle operator who pushed and pulled equipment throughout the day. Upon examination of both elbows, Dr. Pietropaoli observed no tenderness to maneuvers and full range of motion. He reported pain upon palpation of the left medial epicondyle. Phalen's and Tinel's tests were positive on the bilateral wrists and hands. Dr. Pietropaoli diagnosed bilateral carpal tunnel syndrome and left elbow lateral epicondylitis. He opined that based on the information he reviewed he considered appellant's problem to be work related. Dr. Pietropaoli answered "yes" that appellant's complaints were consistent with his history of

² *J.P.*, 59 ECAB 178 (2007); *Joseph M. Whelan*, 20 ECAB 55, 58 (1968).

³ *M.M.*, Docket No. 08-1510 (issued November 25, 2010); *G.T.*, 59 ECAB 447 (2008); *Elaine Pendleton*, 40 ECAB 1143, 1145 (1989).

⁴ *R.H.*, 59 ECAB 382 (2008); *Ernest St. Pierre*, 51 ECAB 623 (2000).

⁵ *I.R.*, Docket No. 09-1229 (issued February 24, 2010); *D.I.*, 59 ECAB 158 (2007).

⁶ *I.J.*, 59 ECAB 408 (2008); *Victor J. Woodhams*, 41 ECAB 465 (2005).

injury and that his history of injury was consistent with objective examination findings. The Board notes that Dr. Pietropaoli described appellant's duties as a motor vehicle operator only in general terms and did not relate knowledge of the frequency of appellant's duties. Also, while he provided findings on examination and diagnosed bilateral carpal tunnel syndrome and left elbow lateral epicondylitis, he did not provide medical rationale explaining how appellant's conditions were caused or contributed to by his work duties. A medical report is of limited probative value on the issue of causal relationship if it contains a conclusion regarding causal relationship which is unsupported by medical rationale.⁷ Dr. Pietropaoli stated a conclusion but did not explain how physiologically appellant's employment duties would have caused the diagnosed conditions.⁸ As such his report is of limited probative value.

Similarly, Dr. Hagen also failed to provide any medical explanation to support her opinion that appellant's conditions were work related. She noted appellant's date of injury, but did not otherwise relate appellant's employment duties or any history of injury. As previously noted, a physician's opinion must be based upon a complete factual history. The Board finds that both Drs. Pietropaoli and Hagen failed to provide any medical rationale to explain how appellant's duties as a motor vehicle operator caused or contributed to his bilateral carpal tunnel syndrome and left elbow lateral epicondylitis.

On appeal, appellant alleges that Drs. Pietropaoli and Hagen believe that his injury was caused by work-related activities. As noted above, however, neither physician provided a rationalized medical opinion explaining how appellant's diagnosed conditions resulted from his employment duties as a motor vehicle operator. The mere fact that a condition manifests itself during a period of employment does not raise an inference that there is causal relationship between the two.⁹

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 his burden of proof to establish that his bilateral hand conditions were causally related to factors of his employment.

⁷ *T.M.*, Docket No. 08-975 (issued February 6, 2009); *S.E.*, Docket No. 08-2214 (issued May 6, 2009).

⁸ *See K.M.*, Docket No. 13-1459 (issued December 5, 2013).

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

ORDER

IT IS HEREBY ORDERED THAT the February 4, 2014 decision of the Office of Workers' Compensation Programs is affirmed.

Issued: August 27, 2014
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