

syndrome was causally related to his federal employment. He explained that his position required him to use his wrists and hands repetitively to install software and distribute work orders.

A May 31, 2013 electromyogram of the left upper extremity showed normal insertional activity with good recruitment in all muscles. A nerve conduction study showed bilateral mild focal median neuropathy at the wrist (carpal tunnel) without evidence of denervation in the left hand.

In a decision dated October 15, 2013, OWCP denied appellant's injury claim. It found that the injury, accident or employment factor occurred as alleged and that a medical condition was diagnosed, but the medical evidence did not explain how the diagnosed condition was caused by factors of employment.

Appellant requested reconsideration. He submitted an unsigned January 16, 2014 treatment note from the office of Dr. Dean W. Smith, a Board-certified orthopedic surgeon specializing in hand surgery. Appellant presented with a primary complaint of severe numbness and tingling in the left hand, thumb, index finger, and long finger. Symptoms began on April 12, 2013. Appellant gave a history of gradual onset that was work related. He advised that the mechanism of injury was prolonged use of the hands and wrists. Possibly related factors, appellant added, included frequent typing. He stated that it was aggravated by use of the hand, use of the computer, and wrist flexion.

On examination there was no edema or atrophy. There was pain with palpation over the volar wrist and forearm. Color and pulses were normal. Compression test was positive for carpal tunnel. Tinel's test was positive for carpal tunnel syndrome. Appellant was assessed with left carpal tunnel syndrome. It was noted that most of his symptoms clinically appeared to be peripheral nerve compression and work related. The treatment note stated the following: "This note has not been signed and may be incomplete."

In a decision dated May 1, 2014, OWCP reviewed the merits of appellant's case and denied modification of its prior decision. It observed that the January 16, 2014 medical report gave a vague description of what occurred at work. OWCP did not include a description of the specific employment duties or activities that appellant outlined on his injury claim form and provided no opinion on causal relationship. The decision read: "Such a relationship must be shown by rationalized medical evidence of causal relation based upon a specific and accurate history of employment incident or conditions which are alleged to have caused or exacerbated a disability." OWCP found that appellant's claim remained denied because his physician had not provided sufficient medical rationale to support that the condition identified in the medical reports was causally related to the specific work factors appellant identified as causing the condition.

On appeal, appellant argues that Dr. Smith identified the mechanism of injury as prolonged use of the hands and wrists on computers. He argues that Dr. Smith specifically stated that his carpal tunnel syndrome was due to frequent typing and was aggravated by the use of computers and wrist flexion. Further, Dr. Smith stated that the symptoms appeared to be

peripheral nerve compression and work related, and were confirmed by clinical studies showing left carpal tunnel syndrome.

LEGAL PRECEDENT

FECA provides compensation for the disability of an employee resulting from personal injury sustained while in the performance of his or her duty.² An employee seeking benefits under FECA 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.³

Causal relationship is a medical issue,⁴ 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,⁵ must be one of reasonable medical certainty,⁶ 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.⁷

ANALYSIS

OWCP accepts the duties that appellant performed in his position as an IT specialist (customer service). Appellant has thus met his burden to establish that he experienced a specific event, incident or exposure occurring at the time, place and in the manner alleged. The question for determination is whether these duties caused an injury.

As the Board noted above, the medical evidence generally required to establish causal relationship is rationalized medical opinion evidence. Appellant points to the January 16, 2014 treatment note from Dr. Smith, the orthopedic surgeon. However, the note was unsigned. The Board has held that unsigned progress notes do not constitute competent medical evidence, as it cannot be determined whether the individual who completed them was a qualified physician.⁸

² 5 U.S.C. § 8102(a).

³ *John J. Carlone*, 41 ECAB 354 (1989).

⁴ *Mary J. Briggs*, 37 ECAB 578 (1986).

⁵ *William Nimitz, Jr.*, 30 ECAB 567, 570 (1979).

⁶ *Morris Scanlon*, 11 ECAB 384, 385 (1960).

⁷ *William E. Enright*, 31 ECAB 426, 430 (1980).

⁸ *M.W.*, Docket No. 13-26 (issued March 5, 2013).

As the January 16, 2014 treatment note is unsigned, it does not constitute competent medical opinion evidence and is of no probative value.⁹ Accordingly, the Board finds that appellant has not met his burden of proof to establish left carpal tunnel syndrome in the performance of duty. The Board will affirm OWCP's May 1, 2014 decision.

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 to establish that he sustained a left carpal tunnel injury in the performance of duty.

ORDER

IT IS HEREBY ORDERED THAT the May 1, 2014 decision of the Office of Workers' Compensation Programs is affirmed.

Issued: December 3, 2014
Washington, DC

Colleen Duffy Kiko, Judge
Employees' Compensation Appeals Board

Patricia Howard Fitzgerald, Judge
Employees' Compensation Appeals Board

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

⁹ See *supra* note 8; see also *Merton J. Sills*, 39 ECAB 572 (1988).