



By letter dated April 15, 2013, OWCP requested that appellant submit additional factual and medical information, including a detailed report from her attending physician addressing the causal relationship between any diagnosed condition and her work duties.

In a report dated February 20, 2012, received by OWCP on May 10, 2013, a physician evaluated appellant for a sore throat, cough and pain in her right thumb.<sup>2</sup> The physician diagnosed right thumb pain and referred her for occupational therapy and diagnostic studies.

On March 29, 2012 a physician diagnosed tenosynovitis and noted that appellant's right thumb pain was not improving with therapy. The report did not contain a signature.

In a report dated October 8, 2012, Dr. Harold Steven Cline, a Board-certified orthopedic surgeon, noted that appellant experienced "daily discomfort in her job due to repeated gripping and heavy use of her hands." He related that x-rays revealed "mild basilar joint arthritis with the saddle intact and no significant subluxation of the right carpometacarpal [CMC] joint." Dr. Cline treated appellant with an injection.

On March 12, 2013 Dr. Michael Veale, a Board-certified orthopedic surgeon, reviewed appellant's history of pain beginning more than a year ago without any definite injury. He stated, "She is a postmaster working in a large office independently up to six hours per day. [Appellant's] work requires a lot of repetitive overuse and this seems to have resulted in pain at the base of the thumb." Dr. Veale diagnosed CMC joint arthrosis and intermittent ecchymosis of the dorsum of the right thumb possibly indicating a vascular injury. He recommended against surgery at this time. Dr. Veale further recommended that appellant reduce her repetitive activities as it aggravated her condition.

In a statement dated March 21, 2013, appellant advised management at the employing establishment that she sustained pain and swelling in her right thumb as a result of sorting mail into boxes. She explained that she folded large envelopes, magazines and flats with her right hand and placed it in the boxes using a pinching motion. Appellant additionally used her thumb to scan packages.

By decision dated September 27, 2013, OWCP denied appellant's claim after finding that the medical evidence was insufficient to establish that she sustained a diagnosed condition due to the identified work factors.

On October 4, 2013 Dr. Veale diagnosed joint arthrosis of the CMC joint of the thumb. He related that appellant's job duties as a postmaster required "a lot of repetitive activities that have resulted in the development of degenerative arthrosis as well as ongoing pain. I do feel that this is a work compensable condition."

On October 9, 2013 appellant requested a review of the written record by an OWCP hearing representative. In a decision dated March 31, 2014, the hearing representative affirmed the September 27, 2013 decision. She determined that Dr. Veale's report was insufficiently rationalized to establish causal relationship.

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<sup>2</sup> The name of the physician is not legible.

On appeal, appellant contends that her physicians found that her right hand condition was due to repetitive activities. She notes that it appears that in the March 31, 2014 decision, OWCP's hearing representative reviewed a claim for a male with a right shoulder condition and medical evidence from a physician not associated with her case. Appellant describes her difficulty performing activities with her condition and asserts that OWCP should have asked and paid for additional medical information if it required more before accepting her claim.

### **LEGAL PRECEDENT**

An employee seeking benefits under FECA<sup>3</sup> 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 filed within the applicable time limitation; that an injury was sustained while 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.<sup>4</sup> These are the essential elements of each and every compensation claim regardless of whether the claim is predicated on a traumatic injury or an occupational disease.<sup>5</sup>

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;<sup>6</sup> (2) a factual statement identifying employment factors alleged to have caused or contributed to the presence or occurrence of the disease or condition;<sup>7</sup> and (3) medical evidence establishing 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.<sup>8</sup>

The medical evidence required to establish causal relationship generally is rationalized medical opinion evidence. The opinion of the physician must be based on a complete factual and medical background of the claimant,<sup>9</sup> must be one of reasonable medical certainty<sup>10</sup> explaining the nature of the relationship between the diagnosed condition and the specific employment factors identified by the claimant.<sup>11</sup>

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<sup>3</sup> *Supra* note 1.

<sup>4</sup> *Tracey P. Spillane*, 54 ECAB 608 (2003); *Elaine Pendleton*, 40 ECAB 1143 (1989).

<sup>5</sup> *See Ellen L. Noble*, 55 ECAB 530 (2004).

<sup>6</sup> *Michael R. Shaffer*, 55 ECAB 386 (2004).

<sup>7</sup> *Marlon Vera*, 54 ECAB 834 (2003); *Roger Williams*, 52 ECAB 468 (2001).

<sup>8</sup> *Beverly A. Spencer*, 55 ECAB 501 (2004).

<sup>9</sup> *Tomas Martinez*, 54 ECAB 623 (2003); *Gary J. Watling*, 52 ECAB 278 (2001).

<sup>10</sup> *John W. Montoya*, 54 ECAB 306 (2003).

<sup>11</sup> *Judy C. Rogers*, 54 ECAB 693 (2003).

## ANALYSIS

Appellant attributed her right thumb condition to her work sorting and folding mail, scanning packages and placing mail in boxes using a pinching motion. OWCP accepted the occurrence of the claimed employment factors. The issue, therefore, is whether the medical evidence establishes a causal relationship between the claimed conditions and the identified employment factors.

In a report dated February 20, 2012, a physician diagnosed right thumb pain. On March 29, 2012 a physician diagnosed tenosynovitis. The reports either contained an illegible signature or no signature at all. As the authors of the reports could not readily be identified as physicians, the reports are of no probative value and are insufficient to establish appellant's claim.<sup>12</sup>

On October 8, 2012 Dr. Cline described appellant's "daily discomfort in her job due to repeated gripping and heavy use of her hands." He diagnosed right thumb basilar joint arthritis and found that she should not perform any heavy lifting or gripping with her right upper extremity. Again, however, while Dr. Cline noted that appellant experienced right thumb symptoms at work, he did not directly attribute the basilar joint arthritis to her work duties. As he did not address causation, his report is of little probative value on the issue of causal relationship.<sup>13</sup> Additionally, the fact that a disease or condition manifests itself during a period of employment does not raise an inference of causal relationship between the condition and the employment.<sup>14</sup>

In a report dated March 12, 2013, Dr. Veale reviewed appellant's history of pain beginning a year ago without a distinct injury. He noted that she performed repetitive work duties that "seem[ed] to have resulted in pain at the base of the thumb." Dr. Veale diagnosed right thumb arthrosis at the CMC joint and intermittent ecchymosis of the dorsum of the thumb. He recommended that appellant avoid repetitive overuse of the thumb. Dr. Veale's finding, however, that her work "seemed" to cause thumb pain is couched in speculative terms and thus of little probative value.<sup>15</sup> Further, he did not directly address the cause of appellant's CMC joint athrosis and intermittent ecchymosis; consequently, his opinion is insufficient to meet her burden of proof.

On October 4, 2013 Dr. Veale related that appellant's job duties as a postmaster required repetitive motion and caused pain and degenerative arthrosis. He opined that her condition was compensable. Dr. Veale did not, however, provide any rationale for his opinion other than to note that appellant engaged in repetitive work duties. A physician's opinion must be expressed

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<sup>12</sup> See *Merton J. Sills*, 39 ECAB 572 (1988).

<sup>13</sup> See *S.E.*, Docket No. 08-2214 (issued May 6, 2009); *Conard Hightower*, 54 ECAB 796 (2003).

<sup>14</sup> See *D.E.*, 58 ECAB 448 (2007); *Roy L. Humphrey*, 57 ECAB 238 (2005).

<sup>15</sup> See *Rickey S. Storms*, 52 ECAB 349 (2001) (while the opinion of a physician supporting causal relationship need not be one of absolute medical certainty, the opinion must not be speculative or equivocal. The opinion should be expressed in terms of a reasonable degree of medical certainty).

in terms of a reasonable degree of medical certainty and must be supported by medical rationale explaining the nature of the relationship between the diagnosed condition and the specific employment factors.<sup>16</sup> As Dr. Veale did not adequately explain why appellant's work duties caused or aggravated her neck condition, his opinion is of diminished probative value.

On appeal, appellant argues that her physicians attributed her right hand condition to her repetitive work duties. As discussed, however, she has the burden to submit rationalized medical evidence showing a diagnosed condition causally related to the identified work factors.<sup>17</sup> Appellant did not submit such evidence and thus failed to meet her burden of proof.

Appellant further maintains that OWCP should have requested additional medical evidence. OWCP, however, sent her an April 15, 2013 letter advising her of the medical evidence necessary to establish her claim; it is her burden of proof to establish a *prima facie* case.

Appellant alleges that OWCP's hearing representative reviewed medical evidence from another claim. The hearing representative, however, was referencing the facts and law from a Board case that she found was similar to the instant case rather than reviewing evidence from another file to adjudicate appellant's claim.

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 and 20 C.F.R. §§ 10.605 through 10.607.

### **CONCLUSION**

The Board finds that appellant has not established that she sustained a right hand and thumb condition causally related to factors of her federal employment.

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<sup>16</sup> See *S.D.*, 58 ECAB 713 (2007).

<sup>17</sup> See *E.A.*, 58 ECAB 677 (2007); *V.W.*, 58 ECAB 428 (2007).

**ORDER**

**IT IS HEREBY ORDERED THAT** the March 31, 2014 decision of the Office of Workers' Compensation Programs is affirmed.

Issued: October 7, 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