

**United States Department of Labor
Employees' Compensation Appeals Board**

C.O., Appellant)

and)

U.S. POSTAL SERVICE, POST OFFICE,)
Tampa, FL, Employer)

**Docket No. 15-1067
Issued: December 15, 2015**

Appearances:
Appellant, pro se
Office of Solicitor, for the Director

Case Submitted on the Record

DECISION AND ORDER

Before:

CHRISTOPHER J. GODFREY, Chief Judge
PATRICIA H. FITZGERALD, Deputy Chief Judge
COLLEEN DUFFY KIKO, Judge

JURISDICTION

On April 13, 2015 appellant filed a timely appeal of February 18 and March 31, 2015 merit decisions of the Office of Workers' Compensation Programs (OWCP). Pursuant to the Federal Employees' Compensation Act¹ (FECA) and 20 C.F.R. §§ 501.2(c) and 501.3, the Board has jurisdiction over the merits of this case.

ISSUE

The issue is whether appellant established that his bilateral carpal tunnel syndrome was causally related to the identified work factors.

On appeal appellant argued that the medical evidence submitted was sufficient to establish his claim.

¹ 5 U.S.C. § 8101 *et seq.*

FACTUAL HISTORY

On January 8, 2015 appellant, then a 58-year-old mail handler, filed an occupational disease claim (Form CA-2) alleging that on May 13, 2014 he first realized that his bilateral carpal tunnel condition was caused by his repetitive work duties. On the back of the form the employing establishment noted that appellant was currently on the periodic rolls for temporary total disability under another OWCP claim and that he has not worked at the employing establishment since October 20, 2012. It also noted that appellant retired on disability effective September 14, 2014.

In support of his claim appellant submitted medical and factual evidence.

In a July 17, 2014 upper extremity nerve conduction velocity (NCV) study, Dr. Mayur Manair, an examining Board-certified neurologist, noted a history of bilateral shoulder and arm pain, hand numbness, and neck pain. Based on his review of the test, Dr. Manair found an abnormal study with findings consistent with bilateral upper extremity peripheral polyneuropathy superimposed on bilateral carpal tunnel syndrome. He recommended clinical correlation for the bilateral carpal tunnel condition.

In an undated statement, appellant noted that he first became aware of his bilateral carpal tunnel condition based on NCV studies performed on May 5 and July 17, 2014. He attributed this condition to the duties of his position which required repetitive grasping of small objects, letters, mail sacks and trays of mail, culling mail, and bending of the wrist.

In a January 14, 2015 letter, OWCP informed appellant that the evidence of record was insufficient to establish his claim. He was advised as to the medical and factual evidence required and afforded 30 days to provide the requested information.

In a January 21, 2015 statement, appellant provided further details regarding his job duties and why he believed these duties caused his bilateral carpal tunnel condition. Specifically, he attributed the employment factors of pulling, lifting, pushing, jerking, snapping wrist motion with cutters, and grasping small objects as directly contributing to or causing his bilateral carpal tunnel condition.

In a January 21, 2015 report, Dr. Robert R. Reppy, a treating osteopath, diagnosed bilateral carpal tunnel syndrome, L4-5 bulging disc with stenosis, L5-S1 herniated disc with L5 nerve root radiculopathy, C4-5 herniated disc, left shoulder impingement syndrome, left shoulder labrum tear, left supraspinatus tendon tendinosis, and left shoulder internal derangement. Appellant was seen for wrist pain complaints and Dr. Reddy provided physical examination findings. Dr. Reddy noted that appellant assigned May 14, 2013 as the date of injury as that was the date he first became aware that this condition was employment related. He noted that appellant was currently not working, has not worked since January 2013, is currently on disability retirement, and wants to apply for a schedule award.

By decision dated February 18, 2015 OWCP denied appellant's claim. It found the medical evidence insufficient to establish a causal relationship between the diagnosed bilateral carpal tunnel condition and the employment factors identified by appellant.

On March 3, 2015 OWCP received appellant's February 25, 2015 request for reconsideration and additional evidence.

In a February 18, 2015 report, Dr. Reppy diagnosed bilateral carpal tunnel syndrome based on a May 3, 2013 NCV test. He cited to four medical articles attributing carpal tunnel syndrome to repetitive actions requiring repeated extension and flexion of the wrist. Based on these articles, the consensus in the medical community, and the duties required of a mail handler, Dr. Reppy opined that the evidence was irrefutable that appellant's bilateral carpal tunnel condition was employment related.

In a February 23, 2015 follow-up report, Dr. Reppy noted that appellant was seen for bilateral wrist and hand pain. A physical examination revealed positive Tinel's and Phalen's signs bilaterally and decreased sensation of the median nerve distribution bilaterally. A review of NCV studies performed on May 8 and July 17, 2014 support a finding of bilateral carpal tunnel syndrome. In concluding, Dr. Reppy noted that the medical literature shows that carpal tunnel syndrome "can be caused by repetitive motion in the occupational setting."

By decision dated March 31, 2015 OWCP denied modification. It found that Dr. Reppy's reports were insufficiently rationalized and failed to contain a specific and accurate history of the work factors appellant identified as causing his bilateral carpal tunnel condition.

LEGAL PRECEDENT

An employee seeking benefits under FECA² 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.³ 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.⁴

To establish that an injury was sustained in the performance of duty in a claim for occupational disease, an employee must submit: (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.⁵

² 5 U.S.C. § 8101 *et seq.*

³ C.S., Docket No. 08-1585 (issued March 3, 2009); *Bonnie A. Contreras*, 57 ECAB 364 (2006).

⁴ *S.P.*, 59 ECAB 184 (2007); *Joe D. Cameron*, 41 ECAB 153 (1989).

⁵ *D.U.*, Docket No. 10-144 (issued July 27, 2010); *R.H.*, 59 ECAB 382 (2008); *Roy L. Humphrey*, 57 ECAB 238 (2005); *Donald W. Wenzel*, 56 ECAB 390 (2005).

Causal relationship is a medical issue and the medical evidence generally required to establish causal relationship is rationalized medical opinion evidence.⁶ Rationalized medical opinion evidence is medical evidence which includes a physician's rationalized opinion on whether there is a causal relationship between the employee's diagnosed condition and the compensable employment factors.⁷ 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.⁸

ANALYSIS

The Board finds that appellant has failed to meet his burden of proof to establish that his bilateral carpal tunnel condition was causally related to his federal employment. OWCP accepted that his employment duties required repetitive handling of mail. However, the Board finds that appellant failed to provide a rationalized medical opinion explaining how his bilateral carpal tunnel condition was causally related to the identified employment duties.

Appellant provided reports from Drs. Reppy and Manair in support of his claim that his bilateral carpal tunnel condition was employment related. Dr. Reppy, in reports dated January 21, February 18 and 23, 2015, diagnosed bilateral carpal tunnel syndrome which he attributed to appellant's repetitive work duties. On January 21, 2015 he offered no opinion as to the cause of appellant's conditions. In his reports dated February 18 and 23, 2015, Dr. Reppy attributed appellant's bilateral upper extremity condition to his employment, but in support of this conclusion, he cited to four medical articles and the consensus in the medical community as being irrefutable evidence of a causal connection between appellant's work duties and the diagnosed condition. Regarding Dr. Reppy's reference to medical literature concerning the condition of carpal tunnel syndrome, the Board has held that medical texts are of no evidentiary value in establishing the necessary causal relationship between a claimed condition and employment factors because such materials are of general application and are not determinative of whether the specifically claimed condition is related to the particular employment factors alleged by the employee.⁹ In addition, Dr. Reppy failed to provide any rationale for his causation finding beyond referring to the medical literature and consensus in the medical community. The certainty with which Dr. Reppy expressed his opinion cannot overcome the lack of medical rationale, as the Board has held that medical conclusions unsupported by rationale are of little probative value.¹⁰

⁶ *Y.J.*, Docket No. 08-1167 (issued October 7, 2008); *A.D.*, 58 ECAB 149 (2006); *D'Wayne Avila*, 57 ECAB 642 (2006).

⁷ *J.J.*, Docket No. 09-27 (issued February 10, 2009); *Michael S. Mina*, 57 ECAB 379 (2006).

⁸ *I.J.*, 59 ECAB 408 (2008); *Victor J. Woodhams*, 41 ECAB 345, 352 (1989).

⁹ *C.B.*, Docket No. 08-2268 (issued May 22, 2009); *Kathleen D. Walker*, 42 ECAB 603 (1991).

¹⁰ *See S.D.*, 58 ECAB 713 (2007); *Willa M. Frazier*, 55 ECAB 379 (2004); *Jimmy H. Duckett*, 52 ECAB 332 (2001).

The record also contains a July 17, 2014 upper extremity NCV study by Dr. Manair, who found an abnormal study with findings consistent with upper extremity peripheral polyneuropathy superimposed on bilateral carpal tunnel syndrome. Dr. Manair offered no opinion as to the cause of the diagnosed conditions. The Board has held that medical evidence offering no opinion regarding the cause of an employee's condition is of limited probative value on the issue of causal relationship.¹¹ Thus, Dr. Manair's July 17, 2014 report is insufficient to meet appellant's burden of proof.

The Board has held that the fact that a condition manifests itself during a period of employment does not raise an inference of causal relation.¹² An award of compensation may not be based on surmise, conjecture, or speculation. Neither the fact that appellant's conditions became apparent during a period of employment nor the belief that his condition was caused, precipitated, or aggravated by his employment is sufficient to establish causal relationship.¹³ Causal relationship must be established by rationalized medical opinion evidence and he failed to submit such evidence.

OWCP advised appellant that it was his responsibility to provide a comprehensive medical report which described his symptoms, test results, diagnosis, treatment, and the physician's opinion, with medical reasons, on the cause of his condition. Appellant failed to submit appropriate medical documentation in response to OWCP's request. As there is no probative, rationalized medical evidence addressing how his claimed bilateral carpal tunnel condition was caused or aggravated by identified employment factors, he has not met his burden of proof.

On appeal appellant notes his disagreement with OWCP's finding Dr. Reppy's reports insufficient to establish his claim. He argued that Dr. Reppy's opinion is supported by the Tinel's and Phalen's signs, which he argues is "the gold standard of testing in this type of injury." It is not disputed that appellant has bilateral carpal tunnel syndrome. The issue is whether the medical evidence is sufficiently rationalized in explaining how his bilateral carpal tunnel condition had been caused or aggravated by the employment factors he identified. As discussed above, none of the medical evidence contained a rationalized medical opinion explaining how the diagnosed condition was employment related.

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.

¹¹ *C.B.*, Docket No. 09-2027 (issued May 12, 2010); *J.F.*, Docket No. 09-1061 (issued November 17, 2009); *A.D.*, 58 ECAB 149 (2006); *Jaja K. Asaramo*, 55 ECAB 200 (2004).

¹² *L.D.*, Docket No. 09-1503 (issued April 15, 2010); *D.I.*, 59 ECAB 158 (2007) *Daniel O. Vasquez*, 57 ECAB 559 (2006).

¹³ *See D.U.*, Docket No. 10-144 (issued July 27, 2010); *D.I.*, *id.*; *Robert Broome*, 55 ECAB 39 (2004); *Anna C. Leanza*, 48 ECAB 115 (1996).

CONCLUSION

The Board finds that appellant failed to establish that his bilateral carpal tunnel syndrome was causally related to the identified work factors.

ORDER

IT IS HEREBY ORDERED THAT the decisions of the Office of Workers' Compensation Programs dated March 31 and February 18, 2015 are affirmed.

Issued: December 15, 2015
Washington, DC

Christopher J. Godfrey, Chief Judge
Employees' Compensation Appeals Board

Patricia H. Fitzgerald, Deputy Chief Judge
Employees' Compensation Appeals Board

Colleen Duffy Kiko, Judge
Employees' Compensation Appeals Board