

collection from the safe, pushing and pulling displays, keying, lifting boxes, and pushing wire racks. She underwent surgery for carpal tunnel syndrome in 1999 and for trigger fingers in 2014 and 2015.² Appellant first became aware of her condition on October 20, 2013 and realized it was caused by her employment on January 13, 2014.

Appellant submitted a narrative statement and noted from 1985 to 1996 she worked as a clerk and her duties included keying mail, loading ledges with full trays of mail, sweeping the back of machines, pulling full trays of mail and pushing u-carts. From 1996 to 1998 she worked in automation clerk pushing floats of mail to machines, loading machine ledges, sweeping the machine, pulling full trays of mail, and dispatching mail to the dock. From 1999 to 2015 appellant worked as a retail window clerk throwing packages, placing mail in post office boxes, pushing stamp carts, keying and lifting boxes and tubs of mail. She submitted an employing establishment job application and distribution window clerk and mark-up clerk job descriptions.

Appellant submitted a duty status report (Form CA-17) from Dr. Joseph Curtis, a Board-certified orthopedist, dated April 24, 2015. Dr. Curtis diagnosed bilateral trigger finger and bilateral hand pain and noted that she could work full time with restrictions. In an attending physician's report (Form CA-20) dated April 27, 2015, he noted findings of tenderness over the A1 pulley which was locked in extension. Dr. Curtis diagnosed bilateral hand pain and found that appellant's condition was not caused or aggravated by an employment activity. Dr. Curtis returned her to work light duty on May 11, 2015.

By letter dated May 18, 2015, OWCP advised appellant of the type of evidence needed to establish her claim, particularly requesting that she submit a physician's reasoned opinion addressing the relationship of her claimed condition and specific employment factors.

Appellant submitted a statement of work history dated May 21, 2015. On December 18, 1995 Dr. Curtis performed a right trigger thumb release of A1 pulley and diagnosed right trigger thumb. Similarly, on December 18, 1996 he again performed a right trigger thumb release A1 pulley and diagnosed right trigger thumb. In reports dated October 14 and 22, 1999, Dr. Curtis noted that appellant was a postal worker who performed repetitive work and experienced progressive hand pain over the last two months. He diagnosed trigger fingers and carpal tunnel syndrome and noted that the conditions were work related. Dr. Curtis indicated that a common cause of carpal tunnel syndrome and trigger fingers was repetitive use of the hands. In a report dated November 4, 1999, he again opined that appellant's carpal tunnel syndrome was work related. Dr. Curtis noted terminal latency of 4.2, positive Tinel's sign, positive Phalen's sign, and numbness in the median distribution. He indicated that appellant worked in a repetitive stress position that was known to aggravate or cause carpal tunnel and opined that this condition was directly related to her work. On December 20, 1999 Dr. Curtis performed a right carpal tunnel release and diagnosed right carpal tunnel syndrome. On April 27, 2000 he performed a release of A1 pulley left thumb and diagnosed left lock trigger thumb.

In a report dated January 13, 2014, Dr. Curtis noted that appellant presented with triggering in the right ring finger. He noted examination revealed classic triggering of the right ring finger and tenderness over a nodule at the A1 pulley. Dr. Curtis diagnosed right ring finger

² These surgeries were not authorized by OWCP.

trigger finger. On February 3, 2014 he performed a trigger finger release on appellant's right ring finger. On September 29, 2014 Dr. Curtis noted that she presented with triggering in her left index finger, her right little finger, and right shoulder stiffness. He noted findings of classic triggering in these digits and injected the A1 pulley of the right little finger and the left index finger with Celestone. Dr. Curtis noted tightness in all extremes, negative impingement, and diagnosed left early adhesive capsulitis. In a report dated February 27, 2015, he treated appellant for left index finger trigger finger. Dr. Curtis noted examination findings of tenderness over the A1 pulley which was locked in extension. He diagnosed left index finger trigger finger and classic triggering in her right little finger. In reports dated March 16 and April 20, 2015, Dr. Curtis noted that appellant was six days status post left index, and right fifth trigger finger releases. In a May 11, 2015 report, he noted that she was eight weeks out from bilateral trigger finger releases with improvement in her right finger; however, her left index finger remained sore. Dr. Curtis continued physical therapy.

In a June 22, 2015 decision, OWCP denied the claim, finding that the medical evidence was insufficient to establish an injury or medical condition causally related to the accepted work events.

On September 11, 2015 appellant requested reconsideration. She submitted a June 22, 2015 report from Dr. Curtis who returned her to regular duty. In a July 20, 2015 report, Dr. Curtis noted that appellant's right fifth finger continued to improve, but the left index finger occasionally locked. He diagnosed persistent or recurrent postoperative left index trigger finger and performed an injection. On August 10, 2015 Dr. Curtis noted appellant's recurrent postsurgical left index trigger finger resolved after the last injection. He noted that she worked at the employing establishment and was diagnosed with carpal tunnel syndrome and trigger fingers and opined that these conditions were work related.

In a decision dated October 2, 2015, OWCP denied modification of its June 22, 2015 decision.

LEGAL PRECEDENT

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. Appellant must also establish that such event, incident, or exposure caused an injury.³

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; (2) factual statement identifying employment factors alleged to have caused or contributed to the presence

³ See *Walter D. Morehead*, 31 ECAB 188, 194 (1979) (occupational disease or illness); *Max Haber*, 19 ECAB 243, 247 (1967) (traumatic injury). See generally *John J. Carlone*, 41 ECAB 354 (1989); *Elaine Pendleton*, 40 ECAB 1143 (1989).

or occurrence of the disease or condition; and (3) medical evidence establishing that 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. The medical evidence required to establish causal relationship is generally rationalized medical opinion evidence. Rationalized medical opinion evidence is medical evidence which includes a physician's rationalized opinion on the issue of whether there is a causal relationship between the claimant's diagnosed condition and the implicated employment factors. The opinion of the physician must be based on a complete factual and medical background of the claimant, 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 claimant.⁴

ANALYSIS

It is not disputed that appellant's work duties as a retail sales clerk included repetitively sorting letters, pushing the stamp collection from the safe, pushing and pulling displays, keying, lifting boxes, and pushing wire racks. It is also not disputed that she was diagnosed with a bilateral carpal tunnel syndrome, left index trigger finger, left thumb trigger finger, right ring trigger finger, right little finger trigger, and right trigger thumb. However, the Board finds that appellant has not submitted sufficient medical evidence to establish that her diagnosed conditions are causally related to specific employment factors. On May 18, 2015 OWCP advised her of the type of medical evidence needed to establish her claim. However, appellant has not submitted sufficient medical evidence to establish that any of these conditions are causally related to specific employment factors or conditions.

In reports dated October 14 and 22, 1999, Dr. Curtis noted that appellant was a postal worker who performed repetitive work and experienced progressive hand pain. He diagnosed trigger fingers and carpal tunnel syndrome and opined that these conditions were work related. Dr. Curtis indicated that a common cause of carpal tunnel syndrome and trigger fingers was repetitive use of the hands. In a report dated November 4, 1999, he indicated that appellant worked at a repetitive stress job that was known to aggravate or cause carpal tunnel and opined that these conditions were directly related to her work. The Board finds that, although Dr. Curtis supported causal relationship, he did not provide medical rationale explaining the basis of his conclusory opinion regarding the causal relationship between her trigger fingers and carpal tunnel syndrome and the factors of employment.⁵ For example, Dr. Curtis did not explain the process in which performing repetitive work duties would have caused the diagnosed condition and or why such condition would not be due to any nonwork factors. Therefore, these reports are insufficient to meet appellant's burden of proof.

⁴ *Solomon Polen*, 51 ECAB 341 (2000).

⁵ *See T.M.*, Docket No. 08-975 (issued February 6, 2009) (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).

On August 10, 2015 Dr. Curtis diagnosed with carpal tunnel syndrome and trigger fingers. He opined that these conditions were work related. However, Dr. Curtis again failed to provide a rationalized opinion regarding the causal relationship between appellant's left knee injury and the factors of employment believed to have caused or contributed to such condition.⁶

Operative reports from Dr. Curtis dated December 18, 1995 to February 3, 2014 noted that appellant underwent a carpal tunnel release and several trigger finger release surgeries. Dr. Curtis diagnosed right trigger thumb, right carpal tunnel syndrome, left lock trigger thumb, and right ring finger trigger finger. In reports dated January 13, 2014 to February 27, 2015, he diagnosed right ring trigger finger, left index trigger finger, and classic triggering in the right little finger. Similarly, in reports dated March 16 to July 20, 2015, Dr. Curtis noted that appellant was status post left index and right fifth finger releases and diagnosed persistent or recurrent postoperative left index trigger finger. However, as noted above, these reports are insufficient to establish the claim as he did not specifically address whether her employment activities had caused or aggravated a diagnosed medical condition.⁷

An attending physician's report from Dr. Curtis dated April 27, 2015 noted findings of tenderness over the A1 pulley locked in extension. He diagnosed bilateral hand pain and indicated that appellant's condition was not caused or aggravated by an employment activity. This report is insufficient to establish the claim as it indicates that her condition is not due to employment activity.

On appeal appellant asserted that OWCP had improperly denied her claim and she believed that she had submitted sufficient evidence to establish carpal tunnel syndrome and trigger fingers as a result of performing repetitive duties at work. As found above, however, the medical evidence failed to establish that her diagnosed conditions were causally related to her employment.

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 her burden of proof to establish that her claimed conditions were causally related to her employment.

⁶ *Franklin D. Haislah*, 52 ECAB 457 (2001) (medical reports not containing rationale on causal relationship are entitled to little probative value); *Jimmie H. Duckett*, 52 ECAB 332 (2001).

⁷ *A.D.*, 58 ECAB 149 (2006) (medical evidence which does not offer any opinion regarding the cause of an employee's condition is of limited probative value on the issue of causal relationship).

ORDER

IT IS HEREBY ORDERED THAT the October 2, 2015 decision of the Office of Workers' Compensation Programs is affirmed.

Issued: February 18, 2016
Washington, DC

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

Colleen Duffy Kiko, Judge
Employees' Compensation Appeals Board

Valerie D. Evans-Harrell, Alternate Judge
Employees' Compensation Appeals Board