



that he first became aware of the condition on January 6, 2014 and first related it to his federal employment on August 7, 2014. Appellant described repetitive pinching and grasping with both hands throughout his workday, including holding six to eight inches of flats in his left arm while casing with his right hand, which he asserted put pressure on the tendons that moved his right thumb. He also noted pushing mail into the case with his left thumb and having to hold his fingers at unnatural angles while handling bundled mail. Appellant did not stop work.

Dr. Jonathan C. Liu, an attending Board-certified orthopedic surgeon, submitted August 7 and September 10, 2014 reports noting appellant's federal employment as a letter carrier. On examination, he observed an acquired trigger finger, swelling in both wrists, and he related appellant's complaints of bilateral hand pain and paresthesias. Dr. Liu diagnosed bilateral carpal tunnel syndrome and a right small trigger finger. He administered a tendon sheath injection to the trigger finger. Dr. Liu ordered electromyography (EMG) and nerve conduction velocity (NCV) studies performed on September 26, 2014, which demonstrated moderately severe-to-severe bilateral carpal tunnel syndrome. On December 11, 2014 he administered tendon sheath injections to both wrists and prescribed bilateral thumb spica splints.

In an April 23, 2015 letter, OWCP advised appellant of the additional evidence needed to establish his claim, including a report from his attending physician explaining how and why the identified work factors would cause carpal tunnel syndrome. Appellant was afforded 30 days to submit such evidence. OWCP later granted him an extension, allowing him to submit additional evidence until June 19, 2015.

In response, appellant submitted a report from Dr. Adolph J. Nava, an attending Board-certified internist. Dr. Nava opined on June 17, 2015 that according to appellant's "job description there is clear evidence that his newly revealed diagnosis of carpal tunnel syndrome appears work related."

By decision dated June 19, 2015, OWCP denied the claim, finding that the medical evidence failed to establish causal relationship between the repetitive upper extremity motions and the diagnosis of bilateral carpal tunnel syndrome.

### **LEGAL PRECEDENT**

An employee seeking benefits under FECA has the burden to establish 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>2</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>3</sup>

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<sup>2</sup> *Joe D. Cameron*, 41 ECAB 153 (1989).

<sup>3</sup> *See Irene St. John*, 50 ECAB 521 (1999); *Michael E. Smith*, 50 ECAB 313 (1999).

An occupational disease is defined as a condition produced by the work environment over a period longer than a single workday or shift.<sup>4</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; (2) factual statement identifying employment factors alleged to have caused or contributed to the presence 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.<sup>5</sup>

### ANALYSIS

Appellant claimed that he sustained bilateral carpal tunnel syndrome in the performance of duty on or before January 16, 2015. He attributed the condition to repetitive pinching and grasping motions while casing and carrying mail. OWCP accepted that these work factors occurred as described.

In support of his claim, appellant submitted reports from Dr. Liu, a Board-certified orthopedic surgeon, who diagnosed bilateral carpal tunnel syndrome, confirmed by September 26, 2014 electrodiagnostic studies. Although Dr. Liu noted that appellant worked as a letter carrier, he did not address any causal relationship between appellant's federal employment and the development of bilateral carpal tunnel syndrome. Dr. Nava, an attending Board-certified internist, provided a June 17, 2015 report opining that appellant's carpal tunnel syndrome appeared work related. However, he did not set forth his medical reasoning for supporting a causal relationship between appellant's duties as a letter carrier and the diagnosed carpal tunnel syndrome. The Board has found that a medical report which fails to offer an opinion on causal relationship is of little probative value.<sup>6</sup>

OWCP advised appellant by April 23, 2015 letter of the information needed to establish his claim. Appellant has failed to meet his burden of proof.

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<sup>4</sup> 20 C.F.R. § 10.5(q).

<sup>5</sup> *Solomon Polen*, 51 ECAB 341 (2000).

<sup>6</sup> *Donald T. Pippin*, 54 ECAB 631, 634 (2003).

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 of proof to establish bilateral carpal tunnel syndrome causally related to factors of his federal employment.

**ORDER**

**IT IS HEREBY ORDERED THAT** the decision of the Office of Workers' Compensation Programs dated June 19, 2015 is affirmed.

Issued: March 21, 2016  
Washington, DC

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

Colleen Duffy Kiko, Judge  
Employees' Compensation Appeals Board

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