

FACTUAL HISTORY

On March 25, 2016 appellant, then a 34-year-old benefit authorizer, filed an occupational disease claim (Form CA-2) alleging that she sustained left wrist de Quervain's tenosynovitis as a result of repetitively typing and writing on a desk that was too high.

In an attached statement, appellant explained that around May 2015 she was detailed to work as a benefits authorizer. She reported that the detail required more typing and writing than her usual position, such as providing instructions in writing to trainees and typing monthly reports for each trainee. Appellant explained that in September 2015 she was assigned to a temporary desk on the third floor and the workstation was significantly higher than it should have been for a person of her height. She worked at that desk for approximately five months. Appellant related that her left wrist became sore and the soreness worsened over time. She sought medical treatment from her physician and was diagnosed with left wrist de Quervain's tenosynovitis.

Appellant provided a form report dated March 21, 2016 from Dr. Alina Walasek, a Board-certified internist, who indicated that appellant worked as a benefits authorizer for the employing establishment. She related that appellant began to experience left wrist pain one week previously and could not remember any acute injury to the wrist. Dr. Walasek indicated that appellant had worked the last five months at a temporary desk that was too high for her. She also noted that appellant's work had required more typing and handwriting than usual for the past year. Dr. Walasek conducted a physical examination and observed tenderness to palpation over appellant's first extensor compartment of the left hand and normal sensation to light touch. Each finger exhibited full flexion/extension and strength. Finkelstein's test was positive. Dr. Walasek diagnosed left wrist de Quervain's tenosynovitis. She checked a box marked "yes" that her findings and diagnosis were consistent with appellant's account of injury or onset of illness. Dr. Walasek reported that the mechanism of injury was "repetitive typing on a keyboard and handwriting associated with recent increase in frequency of these activities."

By letter dated April 8, 2016, OWCP advised appellant that the evidence submitted was insufficient to establish her claim. It requested that she respond to the attached questionnaire in order to substantiate the factual elements of her claim and that she provide additional medical evidence to establish that she sustained a diagnosed condition causally related to her federal employment.

On April 25, 2016 OWCP received appellant's response to its questionnaire. Appellant described that as a benefits authorizer mentor she spent her eight-hour day reviewing cases submitted by trainees, which required analyzing the record, determining if the trainee took appropriate action, and typing up a review of the trainee's action. She noted that review of the cases required between five minutes to one hour of typing depending on how complex the case was. Appellant explained that she typed monthly reports for each trainee, which generally required between 15 and 30 minutes per report. She also noted that she worked at a temporary desk for five months and that it was not set up to her ergonomic requirements and was significantly higher for her height.

Appellant submitted follow-up examination reports dated April 7 and 28, 2016 by Dr. Walasek, who related that appellant's left thumb pain had lessened when compared to her initial evaluation on March 21, 2016. Dr. Walasek reported that appellant had been wearing a left wrist brace and working modified duty. Upon examination, she observed mild tenderness to palpation over the first extensor compartment of the left hand. Each finger demonstrated full flexion/extension and strength. Dr. Walasek reported mildly positive Finkelstein test. She diagnosed de Quervain's tenosynovitis. Dr. Walasek authorized appellant to work with restrictions of occasional repetitive left hand motions and lifting, carrying, pushing, and pulling no more than 15 pounds.

OWCP denied appellant's claim in a decision dated June 1, 2016. It accepted her employment duties as a benefits authorizer and that she sustained a diagnosed left hand condition, but denied her claim as the medical evidence submitted failed to establish that her condition was causally related to factors of her federal employment.

LEGAL PRECEDENT

An employee seeking benefits under FECA has the burden of proof to establish the essential elements of his or her claim by the weight of the reliable, probative, and substantial evidence³ including that he or she sustained an injury in the performance of duty and that any specific condition or disability for work for which he or she claims compensation is causally related to that employment injury.⁴ In an occupational disease claim, appellant's burden requires submission of the following: (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

Causal relationship is a medical issue and the medical evidence generally required to establish causal relationship is rationalized medical opinion evidence.⁶ 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.⁷

³ *J.P.*, 59 ECAB 178 (2007); *Joseph M. Whelan*, 20 ECAB 55, 58 (1968).

⁴ *M.M.*, Docket No. 08-1510 (issued November 25, 2010); *G.T.*, 59 ECAB 447 (2008); *Elaine Pendleton*, 40 ECAB 1143, 1145 (1989).

⁵ *R.H.*, 59 ECAB 382 (2008); *Ernest St. Pierre*, 51 ECAB 623 (2000).

⁶ *I.R.*, Docket No. 09-1229 (issued February 24, 2010); *D.I.*, 59 ECAB 158 (2007).

⁷ *I.J.*, 59 ECAB 408 (2008); *Victor J. Woodhams*, 41 ECAB 465 (2005).

ANALYSIS

Appellant alleges that she sustained de Quervain's tenosynovitis of the left wrist as a result of repetitively typing and writing, and from using a desk that was too high in the performance of her duties as a benefits authorizer. OWCP accepted the repetitive duties of her job as a benefits authorizer and that she was diagnosed with de Quervain's tenosynovitis, but denied her claim because the medical evidence failed to establish that her left hand condition was causally related to her employment duties. The Board finds that appellant has not met her burden of proof to establish her occupational disease claim.

Appellant submitted various reports from Dr. Walasek dated March 21 to April 28, 2016. In her initial examination, Dr. Walasek related appellant's complaints of left wrist pain that began the previous week. She noted that appellant worked as a benefits authorizer and that her work had required more typing and handwriting than usual for the past year. Dr. Walasek also indicated that appellant had worked the last five months at a temporary desk that was too high for her. She reviewed appellant's physical examination findings and diagnosed de Quervain's tenosynovitis. Dr. Walasek checked a box marked "yes" that her findings and diagnosis were consistent with appellant's account of injury. The Board has held that a checkmark or affirmative notation in response to a form question on causal relationship is insufficient, without medical rationale, to establish causal relationship.⁸

Dr. Walasek reported that appellant's employment duties required "repetitive typing on a keyboard and handwriting associated with recent increase in frequency of these activities." Although her reports contained an accurate description of appellant's employment duties, they do not contain a sufficient explanation, based on medical rationale, of how any of appellant's duties would have physiologically caused or contributed to her left hand condition.⁹ 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.¹⁰ Dr. Walasek's reports, therefore, are insufficient to establish appellant's claim.

On appeal, appellant alleges that she submitted all necessary documentation to show that her injury was caused by the work activity. She noted that her physician informed appellant that her medical report contained the information needed to show that her injury was work related. As noted above, however, Dr. Walasek's medical reports are of limited probative value on the issue of causal relationship and are insufficient to establish her claim. The mere fact that work activities may produce symptoms revelatory of an underlying condition does not raise an inference of an employment relation.¹¹ Such a relationship must be shown by rationalized medical evidence of a causal relation based upon a specific and accurate history of employment conditions which are alleged to have caused or exacerbated a disabling condition.¹² Because

⁸ *K.T.*, Docket No. 15-1758 (issued May 24, 2016).

⁹ *See M.M.*, Docket No. 15-607 (issued May 15, 2015); *M.W.*, Docket No. 14-1664 (issued December 5, 2014).

¹⁰ *S.E.*, Docket No. 08-2214 (issued May 6, 2009); *T.M.*, Docket No. 08-975 (issued February 6, 2009).

¹¹ *See D.R.*, Docket No. 16-0528 (issued August 24, 2016).

¹² *Patricia J. Bolleter*, 40 ECAB 373 (1988).

appellant has not submitted such rationalized medical evidence in this case, the Board finds that she has not met her burden of proof to establish her occupational disease claim.

Appellant may submit new evidence or argument as part of a formal 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. § 10.606 through § 10.607.

CONCLUSION

The Board finds that appellant has not met her burden of proof to establish that she sustained an occupational disease claim as a result of her federal employment.

ORDER

IT IS HEREBY ORDERED THAT the June 1, 2016 decision of the Office of Workers' Compensation Programs is affirmed.

Issued: November 22, 2016
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