

On appeal appellant contends that he sustained work-related left elbow and bilateral hand injuries.

FACTUAL HISTORY

On April 11, 2017 appellant, then a 47-year-old deportation officer and contracting officer's representative, filed an occupational disease claim (Form CA-2) alleging that he hurt his left elbow and experienced extreme pain in both hands (possible carpal tunnel) due to his daily duties including the use of computers and a government-issued cellphone, responding to e-mails, handling contractual issues, and boxing up office supplies, furniture, and equipment for an office move to a new location. He stated that he first became aware of his conditions and their relationship to his federal employment on February 13, 2017. Appellant did not submit any additional evidence. On the reverse side of the claim form, the employing establishment indicated that appellant's duties had not changed and he continued to work regardless of his discomfort.

By letter dated May 1, 2017, OWCP advised appellant of the deficiencies of his claim and afforded him 30 days to submit additional evidence and respond to a factual development questionnaire.

On May 19, 2017 appellant responded to OWCP's development questionnaire. He indicated that he was examined on February 15, 2017 by Dr. Gregory R. Mack, an orthopedic hand surgeon, who explained to him that he had carpal tunnel syndrome, provided him with two wrist splints, and recommended an electromyogram (EMG). Appellant again claimed that his finger and hand symptoms were caused by his previously described work duties. He noted that he had extreme pain on the outer side of his elbow down to his forearm and wrist which were related to an old injury. Appellant claimed that he reinjured his elbow during the office move. He indicated that his diagnosis and medical treatment should be provided by his physician's office. Appellant provided a detailed description of his work duties.

In a May 2, 2017 medical report, Dr. Ross M. Mandeville, a Board-certified neurologist, noted a history that appellant had an onset of progressive numbness and pain in his hands 10 years ago. He advised that the results of an EMG/nerve conduction velocity (NCV) study of both wrists were abnormal. There was evidence of severe right and moderate left carpal tunnel syndrome.

In a decision dated June 14, 2017, OWCP denied appellant's occupational disease claim. It found that he failed to submit medical evidence containing a medical diagnosis in connection with the accepted employment factors. Thus, OWCP found that fact of injury was not established.

LEGAL PRECEDENT

An employee seeking benefits under FECA³ has the burden of proof to establish the essential elements of his or her claim, including the fact that the individual is an employee of the

³ *Supra* note 1.

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 or specific condition for which compensation is claimed is causally related to the employment injury.⁴ 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.⁵

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) a 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 rationalized medical opinion evidence. The opinion of the physician must be based on a complete factual and medical background of the employee, must be one of reasonable 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.⁶

ANALYSIS

OWCP accepted as factual that appellant performed repetitive work duties as a deportation officer and contracting officer's representative. The Board finds, however, that the medical evidence of record is insufficient to establish that appellant's left elbow and bilateral hand conditions were caused or aggravated by the accepted work factors.

Dr. Mandeville's May 2, 2017 EMG/NCV studies found evidence of severe right and moderate left carpal tunnel syndrome. He noted a history that appellant had an onset of progressive numbness and pain in both hands 10 years prior. This report is insufficient to discharge appellant's burden of proof as it does not attribute appellant's diagnosed conditions to factors of his federal employment. Although Dr. Mandeville noted the onset of appellant's bilateral hand symptoms, he failed to relate appellant's diagnosed condition to the established employment factors.⁷

The Board finds that appellant has failed to submit rationalized probative medical evidence sufficient to establish that he sustained left elbow and bilateral hand injuries causally related to the accepted employment factors. Appellant, therefore, has not met his burden of proof.

⁴ C.S., Docket No. 08-1585 (issued March 3, 2009); *Elaine Pendleton*, 40 ECAB 1143 (1989).

⁵ S.P., 59 ECAB 184 (2007); *Victor J. Woodhams*, 41 ECAB 345 (1989); *Joe D. Cameron*, 41 ECAB 153 (1989).

⁶ I.J., 59 ECAB 408 (2008); *Victor J. Woodhams*, *id.*

⁷ S.E., Docket No. 08-2214 (issued May 6, 2009) (medical evidence that does not offer any opinion regarding the cause of an employee's condition is of limited probative value on the issue of causal relationship).

On appeal appellant contends that he sustained work-related left elbow and bilateral hand injuries. For the reasons set forth above, the Board finds that the weight of the medical evidence failed to establish left elbow and bilateral hand injuries causally related to the established employment factors.

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 failed to meet his burden of proof to establish left elbow and bilateral hand injuries causally related to factors of his federal employment.

ORDER

IT IS HEREBY ORDERED THAT the June 14, 2017 decision of the Office of Workers' Compensation Programs is affirmed.

Issued: December 1, 2017
Washington, DC

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

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

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