United States Department of Labor
Employees' Compensation Appeals Board

K.C., Appellant	)	
and	)	**Docket No. 16-1535**
	)	**Issued: February 23, 2017**
U.S. POSTAL SERVICE, POST OFFICE, Kokomo, IN, Employer	)	

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

Case Submitted on the Record

DECISION AND ORDER

Before:
CHRISTOPHER J. GODFREY, Chief Judge
COLLEEN DUFFY KIKO, Judge
VALERIE D. EVANS-HARRELL, Alternate Judge

JURISDICTION

On July 26, 2016 appellant filed a timely appeal from a June 14, 2016 merit decision of the Office of Workers' Compensation Programs (OWCP). Pursuant to the Federal Employees' Compensation Act[1] (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 met her burden of proof to establish a left upper extremity injury causally related to the accepted April 16, 2016 employment incident.

FACTUAL HISTORY

On April 18, 2016 appellant, then a 27-year-old city carrier, filed a traumatic injury claim (Form CA-1) alleging that on April 16, 2016 she injured her left wrist, fingers, and hand. She

[1] 5 U.S.C. § 8101 *et seq.*

noted that she began to feel numbness and tingling in her left upper extremity while she was on route and delivering mail.

A Form CA-16, authorization for examination and/or treatment, was issued by the employing establishment on April 18, 2016. On the form, appellant noted that she twisted her left hand while holding the mail, which caused her pain.

In a record of a telephone conversation dated April 27, 2016, an OWCP representative noted that she had spoken to appellant, who told her that appellant had stopped working on April 18, 2016 and may need surgery.

In a diagnostic report dated April 21, 2016, Dr. John M. Michael, a Board-certified radiologist, examined the results of x-rays of appellant's left wrist. He noted impressions of no evidence of acute fracture or dislocation; a small, rounded ossific fragment adjacent to the distal ulna, consistent with either remote trauma or accessory ossification centers, and ulna minus deformity.

On April 21, 2016 Dr. Victoria Moyer, a Board-certified family physician, diagnosed wrist sprain, which she described as an "old injury." She referred appellant for hand surgery.

By letter dated May 4, 2016, OWCP advised appellant that the evidence of record was insufficient to support her claim. It noted that it had not received medical evidence from a physician describing the cause of her left wrist conditions. OWCP afforded appellant 30 days to submit additional evidence to the record and respond to its inquiries.

On May 5, 2016 Dr. James J. Creighton, a Board-certified orthopedic surgeon, noted that appellant had no functioning radial nerve in her left upper extremity. He remarked that appellant told him that she had a gradual onset of pain and numbness on April 16, 2016, and that over the next 24 hours appellant gradually lost the ability to straighten her wrist and fingers, along with numbness over the dorsal aspect of the forearm and hand.

By letter dated May 18, 2016, Dr. Moyer noted that appellant had reported to her that on April 16, 2016, she began to experience pain in her left wrist, hand, forearm, and elbow after carrying mail that morning. As the day went on, appellant noticed numbness and a decreased ability to move her left wrist and fingers. Dr. Moyer noted that appellant had been referred to a hand specialist for in-depth evaluation after an x-ray study was negative for any significant findings.

In a narrative account dated May 11, 2016, appellant replied to OWCP's inquiries, and explained that her claimed injury occurred on April 16, 2016. She noted that she prepared her mail as normal and then loaded it into her van at 9:00 a.m. Appellant recalled that after lifting one of the mail totes into the van, she felt something pull in her upper arm/elbow area. As her work shift continued, appellant began to feel symptoms of tightness, tingling, and numbness. By April 17, 2016 appellant could not move her hand or wrist at all.

By decision dated June 14, 2016, OWCP denied appellant's claim for compensation. It found that she had not submitted any medical evidence containing a physician's opinion as to

whether the accepted employment incident of April 16, 2016 caused or aggravated her diagnosed conditions.

LEGAL PRECEDENT

An employee seeking benefits under FECA[2] 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 United States" within the meaning of FECA, that the claim was timely filed within the applicable time limitation period of FECA, that an injury[3] was sustained in the performance of duty as alleged, and that any disability or medical condition for which compensation is claimed is causally related to the employment injury.[4]

To determine whether a federal employee has sustained a traumatic injury in the performance of duty, it must first be determined whether a "fact of injury" has been established. A fact of injury determination is based on two elements. First, the employee must submit sufficient evidence to establish that she actually experienced the employment incident at the time, place, and in the manner alleged. Second, the employee must submit sufficient evidence, generally only in the form of medical evidence, to establish that the employment incident caused a personal injury. An employee may establish that the employment incident occurred as alleged, but fail to show that his or her condition relates to the employment incident.[5]

The claimant has the burden of establishing by the weight of reliable, probative, and substantial evidence that the condition for which compensation is sought is causally related to a specific employment incident or to specific conditions of employment.[6] An award of compensation may not be based on appellant's belief of causal relationship. Neither the mere fact that a disease or condition manifests itself during a period of employment nor the belief that the disease or condition was caused or aggravated by employment factors or incidents is sufficient to establish a causal relationship.[7]

Causal relationship is a medical issue and the medical evidence generally required to establish causal relationship is rationalized medical opinion evidence.[8] Rationalized medical

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[2] *Supra* note 1.

[3] OWCP's regulations define a traumatic injury as a condition of the body caused by a specific event or incident, or series of events of incidents, within a single workday or shift. Such condition must be caused by external force, including stress or strain, which is identifiable as to time and place of occurrence and member or function of the body affected. 20 C.F.R. § 10.5(ee).

[4] *T.H.*, 59 ECAB 388, 393 (2008); *see Steven S. Saleh*, 55 ECAB 169, 171-72 (2003); *Elaine Pendleton*, 40 ECAB 1143, 1145 (1989).

[5] *See Shirley A. Temple*, 48 ECAB 404, 407 (1997); *John J. Carlone* 41 ECAB 354, 356-57 (1989).

[6] *Roma A. Mortenson-Kindschi*, 57 ECAB 418, 428 n.37 (2006); *Katherine J. Friday*, 47 ECAB 591, 594 (1996).

[7] *P.K.*, Docket No. 08-2551 (issued June 2, 2009); *Dennis M. Mascarenas*, 49 ECAB 215, 218 (1997).

[8] *Y.J.*, Docket No. 08-1167 (issued October 7, 2008); *A.D.*, 58 ECAB 149, 155-56 (2006); *D'Wayne Avila*, 57 ECAB 642, 649 (2006).

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 compensable employment factors.[9] 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.[10]

ANALYSIS

Appellant alleged that on April 16, 2016 she sustained an injury to her left wrist, fingers, and hand as a result of lifting mail into her van. OWCP has accepted that the incident occurred as alleged. The Board finds, however, that appellant has not submitted sufficient medical evidence to establish that the incident of April 16, 2016 caused her alleged left upper extremity conditions.

On April 21, 2016 Dr. Michael examined the results of x-rays of appellant's left wrist. He noted impressions of no evidence of acute fracture or dislocation; a small, rounded ossific fragment adjacent to the distal ulna, consistent with either remote trauma or accessory ossification centers, and ulna minus deformity. Dr. Michael offered no opinion regarding the cause of appellant's diagnosed condition. Medical evidence that does not offer any opinion regarding the cause of an employee's condition is of limited probative value.[11]

On April 21, 2016 Dr. Moyer diagnosed wrist sprain, which appellant described as an "old injury." By letter dated May 18, 2016, she noted that appellant had reported to her that on April 16, 2016 appellant began to experience pain in her left wrist, hand, forearm, and elbow after carrying mail that morning. Dr. Moyer merely repeats the history of injury as reported by appellant without providing his own opinion regarding whether her condition is work related.[12] She failed to provide a rationalized opinion explaining the causal relationship between the alleged conditions and the accepted incident.[13] Therefore, Dr. Moyer's reports are insufficient to meet appellant's burden of proof.

Similarly, on May 5, 2016, Dr. Creighton noted that appellant had no functioning radial nerve in her left upper extremity. Appellant had advised that she had a gradual onset of pain and numbness on April 16, 2016, and that over the next 24 hours appellant gradually lost the ability to straighten her wrist and fingers, along with numbness over the dorsal aspect of the forearm and hand. Again, Dr. Creighton merely repeated appellant's history of injury without offering a

[9] *J.J.*, Docket No. 09-27 (issued February 10, 2009); *Michael S. Mina*, 57 ECAB 379, 384 (2006).

[10] *I.J.*, 59 ECAB 408, 415 (2008); *Victor J. Woodhams*, 41 ECAB 345, 352 (1989).

[11] *M.M.*, Docket No. 16-1180 (issued October 26, 2016).

[12] *P.S.*, Docket No. 15-976 (issued August 17, 2015).

[13] *Supra* note 10.

rationalized medical opinion regarding the cause of her condition. As such his report is of limited probative value.[14]

Appellant has not submitted sufficient medical evidence to establish that the employment incident of April 16, 2016 caused or aggravated her left upper extremity conditions. The record is devoid of a rationalized opinion from a qualified physician on the issue of the causal relationship between appellant's alleged conditions and the incident of April 16, 2016. While physicians did recount appellant's recollection of the events on April 16, 2016, they did not offer their own opinions as to the cause of appellant's condition. As such, the Board finds that appellant did not submit sufficient evidence to establish her claim for a work-related traumatic injury causally related to the accepted April 16, 2016 employment incident.[15]

A Form CA-16, authorization for examination and/or treatment, was issued by the employing establishment on April 18, 2016.[16]

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 a left upper extremity injury causally related to the accepted April 16, 2016 employment incident.

[14] *Id.*

[15] *Supra* note 11.

[16] When the employing establishment properly executes a Form CA-16 which authorizes medical treatment as a result of an employee's claim for an employment-related injury, the Form CA-16 creates a contractual obligation, which does not involve the employee directly, to pay for the cost of the examination or treatment regardless of the action taken on the claim. The period for which treatment is authorized by a Form CA-16 is limited to 60 days from the date of issuance, unless terminated earlier by OWCP. *See* 20 C.F.R. § 10.300(c); *Tracy P. Spillane*, 54 ECAB 608, 610 (2003).

ORDER

IT IS HEREBY ORDERED THAT the decision of the Office of Workers' Compensation Programs dated June 14, 2016 is affirmed.

Issued: February 23, 2017
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