

FACTUAL HISTORY

On February 24, 2016 appellant, then a 59-year-old sales service distribution associate, filed an occupational disease claim (Form CA-2) alleging that she developed carpal tunnel syndrome due to working at the employing establishment for the last 36 years.³ She first became aware of this condition and its relationship to her federal employment on December 3, 2015. Appellant first received medical care for this condition on December 11, 2015 and notified her supervisor on February 24, 2016. She did not stop work.

In an accompanying narrative statement dated February 19, 2016, appellant reported that she had worked for the Postal Service for 36 years. Her duties entailed prolonged heavy lifting and repetitive flexing of the wrist from sorting. Appellant reported developing numbness and weakness in her fingers and hands which became worse this past December. On December 11, 2015 she sought medical treatment and underwent nerve conduction velocity (NCV) and electromyography (EMG) studies which revealed carpal tunnel syndrome. Appellant's physician informed her that she required immediate right hand surgery and would eventually require left hand surgery as well.

Dr. Vipin Gupta, a Board-certified neurologist, reported that the December 11, 2015 EMG/NCV study of the upper extremities revealed evidence of bilateral, moderate-to-severe median neuropathy across the wrists (carpal tunnel syndrome), right worse left.

By letter dated March 4, 2016, OWCP informed appellant that the evidence of record was insufficient to support her claim. Appellant was advised of the factual and medical evidence necessary and afforded 30 days to respond.

The only new evidence received was a March 9, 2016 report from Dr. Gupta. Dr. Gupta reported that appellant was under his neurologic care and had been diagnosed with carpal tunnel syndrome. He explained that carpal tunnel syndrome can result from repetitive activities of the hands and wrists, such as repeated gripping and moving of objects. Dr. Gupta recommended carpal tunnel release to improve quality of life and prevent further loss of function.

By decision dated April 8, 2016, OWCP denied appellant's claim, finding that the evidence of record failed to establish that her diagnosed condition was causally related to her accepted federal employment factors.

On May 22, 2016 appellant requested review of the written record before an OWCP hearing representative.

By letter dated April 19, 2016, Dr. Gupta reported that appellant was diagnosed with carpal tunnel syndrome that was most likely exacerbated as a result of lifting a heavy object while she was at work. He recommended carpal tunnel release.

³ The Board notes that appellant has prior traumatic injury claims and a prior occupational disease claim with dates of injury ranging from September 17, 2002 through November 21, 2013.

In a September 28, 2016 report, Dr. Raymond J. Metz, a Board-certified hand surgeon, reported that appellant was under treatment for her right wrist which required surgical intervention for a right endoscopic carpal tunnel release and right de Quervain's release on September 16, 2016. He noted that it was felt that her carpal tunnel syndrome was related to her employment as a postal employee and that her injury and surgery were work related.

By decision dated October 18, 2016, OWCP's hearing representative affirmed the April 8, 2016 decision finding that the evidence of record failed to establish that appellant's diagnosed condition was causally related to her accepted federal employment factors.

LEGAL PRECEDENT

An employee seeking benefits under FECA⁴ 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 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.⁵ These are the essential elements of every compensation claim regardless of whether the claim is predicated on a traumatic injury or an occupational disease.⁶

In order to determine whether an employee actually sustained an injury in the performance of duty, OWCP begins with an analysis of whether fact of injury has been established. Generally, fact of injury consists of two components which must be considered in conjunction with one another. The first component to be established is that the employee actually experienced the employment incident which is alleged to have occurred. The second component is whether the employment incident caused a personal injury and generally can be established only by medical evidence.⁷

To establish that an injury was sustained in the performance of duty in a claim for occupational disease, an employee must submit: (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.⁸

To establish causal relationship between the diagnosed condition, as well as any attendant disability claimed, and the employment event or incident, the employee must submit rationalized medical opinion evidence based on a complete factual and medical background, supporting such

⁴ *Supra* note 1.

⁵ *Gary J. Watling*, 52 ECAB 278 (2001); *Elaine Pendleton*, 40 ECAB 1143, 1154 (1989).

⁶ *Michael E. Smith*, 50 ECAB 313 (1999).

⁷ *Elaine Pendleton*, *supra* note 5.

⁸ *See Roy L. Humphrey*, 57 ECAB 238, 241 (2005); *Ruby I. Fish*, 46 ECAB 276, 279 (1994).

causal relationship.⁹ The opinion of the physician 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. This medical opinion must include an accurate history of the employee's employment injury and must explain how the condition is related to the injury. The weight of medical evidence is determined by its reliability, its probative value, its convincing quality, the care of analysis manifested, and the medical rationale expressed in support of the physician's opinion.¹⁰

ANALYSIS

OWCP accepted that appellant engaged in repetitive activities of lifting and flexing of the wrists while sorting mail in her employment as a sales service distribution associate. It denied her claim, however, as the evidence submitted failed to establish causal relationship between those accepted employment activities and her bilateral carpal tunnel syndrome.

The Board finds that the medical evidence of record is insufficient to establish that appellant developed bilateral carpal tunnel syndrome causally related to factors of her federal employment as a sales service distribution associate.

In support of her claim appellant submitted reports dated December 11, 2015, March 9, and April 19, 2016 from Dr. Gupta. The Board finds that the reports of Dr. Gupta are not well rationalized and thus are insufficient to establish appellant's claim.

While Dr. Gupta interpreted the December 11, 2015 EMG/NCV diagnostic studies to establish carpal tunnel syndrome, his report is of no probative value as he failed to provide any opinion on the cause of appellant's injury.¹¹ In his March 9, 2016 report, Dr. Gupta explained that carpal tunnel syndrome could result from repetitive activities of the hands and wrists, such as repeated gripping and moving of objects, however, that opinion is highly speculative as it does not provide a firm conclusion that these duties did in fact cause or aggravate her injury.¹² To be of probative value, a physician's opinion on causal relationship should be one of reasonable medical certainty.¹³

Dr. Gupta's April 19, 2016 report is also insufficient to establish appellant's claim. He vaguely stated that the carpal tunnel syndrome was most likely exacerbated as a result of lifting a heavy object while at work. In this instance, it appears that the physician is attributing appellant's wrist condition to a traumatic injury produced by her work environment from a single

⁹ See 20 C.F.R. § 10.110(a); *John M. Tornello*, 35 ECAB 234 (1983).

¹⁰ *James Mack*, 43 ECAB 321 (1991).

¹¹ *D.H.*, Docket No. 11-1739 (issued April 18, 2012).

¹² See *Michael R. Shaffer*, 55 ECAB 339 (2004).

¹³ See *Beverly R. Jones*, 55 ECAB 411 (2004).

occurrence within a single workday rather than an occupational disease over a period longer than a single workday or shift as alleged by appellant in this claim.¹⁴

In Dr. Metz's September 28, 2016 report, he noted that it was felt that appellant's carpal tunnel syndrome and surgery were related to her employment. Dr. Metz failed to provide his own reasoned opinion on the cause of appellant's injury and had no understanding of appellant's federal employment duties to establish causation.¹⁵ As such, Dr. Metz's report lacks the specificity and detail needed to establish that appellant's injuries are a result of a work-related occupational exposure.¹⁶

An award of compensation may not be based on surmise, conjecture, speculation, or on the employee's own belief of causal relation.¹⁷ Appellant's honest belief that her occupational employment duties caused her medical injury is not in question, but that belief, however sincerely held, does not constitute the medical evidence necessary to establish causal relationship.

In the instant case, the record lacks rationalized medical evidence establishing causal relationship between appellant's federal employment duties as a sales service distribution associate and her bilateral carpal tunnel syndrome. Thus, appellant has failed to meet her burden of proof.

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 her burden of proof to establish bilateral carpal tunnel syndrome causally related to accepted factors of her federal employment.

¹⁴ A traumatic injury is defined as a condition of the body caused by a specific event or incident, or series of events or incidents, within a single workday or shift. 20 C.F.R. § 10.5(ee). An occupational disease is defined as a condition produced by the work environment over a period longer than a single workday or shift. 20 C.F.R. § 10.5(q).

¹⁵ *S.Y.*, Docket No. 11-1816 (issued March 16, 2012).

¹⁶ *P.O.*, Docket No. 14-1675 (issued December 3, 2015); *S.R.*, Docket No. 12-1098 (issued September 19, 2012).

¹⁷ *D.D.*, 57 ECAB 734 (2006).

ORDER

IT IS HEREBY ORDERED THAT the October 18, 2016 decision of the Office of Workers' Compensation Programs is affirmed.

Issued: July 12, 2017
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