



## **FACTUAL HISTORY**

On November 2, 2015 appellant, then a 52-year-old automobile mechanic, filed an occupational disease claim (Form CA-2) alleging that he developed tendinitis of the right arm, left arm, and right wrist as a result of his federal employment. He reported that his duties entailed heavy lifting, pushing, pulling, and a lot of repetitive motions while using his arms and hands. Appellant stopped work on July 23, 2015 and notified his supervisor on October 20, 2015. On the reverse side of the claim form, appellant's supervisor reported that appellant was provided modified work as of October 16, 2015 based on his physician's medical restrictions.

In an accompanying narrative statement, appellant reported that he began feeling pain in his forearms on or around February 17, 2015 which progressively worsened and traveled to his right wrist, causing him to eventually seek medical treatment. He noted that his job duties entailed prying, pushing, pulling, and repetitive motions with his arms while using tools and lifting heavy objects. Appellant reported working two full-time jobs, as an automobile mechanic for the employing establishment performing repairs on light- to heavy-duty vehicles, and also as an automobile mechanic for AT&T performing repairs on light- and heavy-duty vehicles.

In a November 3, 2015 statement, appellant's supervisor reported that appellant stopped work on July 23, 2015 and returned to work on October 21, 2015. He further noted that he received appellant's Form CA-2 on November 3, 2015, but that he had been complaining of his condition since February 2015.

In a July 23, 2015 note, Dr. Keith Fuller, Board-certified in internal medicine, reported that appellant had been under his care and was incapacitated to work from July 22 through 29, 2015. Appellant was released to work on July 30, 2015.

By letters dated July 28 through October 9, 2015, Dr. Anne M. Rex, an osteopathic physician, reported that appellant was under her care and excused from work for the period July 22 through October 20, 2015.

By letter dated October 16, 2015, Dr. Rex provided restrictions at a medium physical demand level with occasional lifting at 30 to 60 pounds. She noted no restrictions on fine and gross motor use of hands for repetitive tasks.

By letter dated December 11, 2015, OWCP informed appellant that the evidence of record was insufficient to support his claim. It advised that appellant was advised of the medical and factual evidence needed and afforded him 30 days to submit the necessary evidence. Appellant did not respond and no further evidence was submitted.

By decision dated February 2, 2016, OWCP denied appellant's claim, finding that as the medical evidence of record failed to provide a firm medical diagnosis which could be reasonably attributed to the accepted federal employment duties fact of injury was not established.

By letter dated February 8, 2016, appellant, through counsel, requested a telephone hearing before an OWCP hearing representative.

A hearing was held on October 11, 2016 before an OWCP hearing representative. At the hearing, appellant testified that he had worked for 25 years on employing establishment vehicles including trucks and tractor trailers. He had also worked for AT&T for 15 years performing similar duties on vehicles including cars and medium duty trucks. Appellant reported experiencing pain in his arms around February 2015. He was subsequently diagnosed with tendinitis of both arms and the right wrist. Appellant stated that he did not sustain any injuries prior to February 2015 and did not engage in any hobbies or repetitive activities outside of work. He also noted that he had filed a separate claim with AT&T for his bilateral arm and right wrist conditions in October 2015. The record was held open for 30 days to allow appellant to submit further medical evidence.

In support of his claim, appellant submitted an October 16, 2016 report from Dr. Freddie F. Fuentes, Board-certified in internal medicine. Dr. Fuentes reported that appellant was last treated on July 18, 2015 and was diagnosed with bilateral lateral epicondylitis and right wrist de Quervain's tenosynovitis. Dr. Fuentes opined that appellant's conditions were most likely due to his employment or work-related activities. He noted that appellant was a mechanic and had been doing a lot of pushing, hammering, lifting, and chiseling at work. Dr. Fuentes further noted that appellant often used a manual screwdriver and performed frequent twisting and movement of the bilateral hands and wrists. He concluded that appellant's work-related activities could cause recurrent epicondylitis and tenosynovitis.

By decision dated December 6, 2016, an OWCP hearing representative affirmed the February 2, 2016 decision, as modified, finding that the evidence of record established that the evidence supported that appellant performed the work activities, but failed to establish that his diagnosed conditions were causally related to his accepted federal employment duties.

### **LEGAL PRECEDENT**

An employee seeking benefits under FECA<sup>3</sup> 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.<sup>4</sup> These are the essential elements of every compensation claim regardless of whether the claim is predicated on a traumatic injury or an occupational disease.<sup>5</sup>

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.<sup>6</sup> The second

---

<sup>3</sup> *Supra* note 2.

<sup>4</sup> *Gary J. Watling*, 52 ECAB 278 (2001); *Elaine Pendleton*, 40 ECAB 1143, 1154 (1989).

<sup>5</sup> *Michael E. Smith*, 50 ECAB 313 (1999).

<sup>6</sup> *Elaine Pendleton*, *supra* note 4.

component is whether the employment incident caused a personal injury and generally can be established only by medical evidence.

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.<sup>7</sup>

To establish causal relationship between the 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 a causal relationship.<sup>8</sup> 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.<sup>9</sup>

### ANALYSIS

OWCP accepted that appellant engaged in repetitive activities in his federal employment as an automobile mechanic. It denied his claim, however, as the evidence of record failed to establish causal relationship between those activities and his diagnosed bilateral arm and right wrist conditions. The Board finds that the medical evidence of record is insufficient to establish that appellant developed bilateral lateral epicondylitis and right wrist de Quervain's tenosynovitis causally related to factors of his federal employment as an automobile mechanic.

In an October 16, 2016 medical report, Dr. Fuentes diagnosed bilateral lateral epicondylitis and right wrist de Quervain's tenosynovitis which he opined was most likely due to appellant's employment or work-related activities. He did not provide a history of injury which distinguished between appellant's work-related activities as an automobile mechanic for the employing establishment as appellant has reported that he also works for AT&T performing similar duties. The opinion of the physician must be based on a complete factual and medical background of the claimant.<sup>10</sup> Moreover, his opinion on causation is highly speculative as he notes that appellant's work-related activities can cause recurrent epicondylitis and tenosynovitis

---

<sup>7</sup> See *Roy L. Humphrey*, 57 ECAB 238, 241 (2005); *Ruby I. Fish*, 46 ECAB 276, 279 (1994).

<sup>8</sup> See 20 C.F.R. § 10.110(a); *John M. Tornello*, 35 ECAB 234 (1983).

<sup>9</sup> *James Mack*, 43 ECAB 321 (1991).

<sup>10</sup> See *Genetra F. Gardner*, Docket No. 98-2233 (issued December 22, 1999). Appellant's physician did not distinguish between appellant's federal and private employment in assigning causal relationship.

without a firm conclusion that these duties did in fact cause or aggravate his injury.<sup>11</sup> To be of probative value, a physician's opinion on causal relationship should be one of reasonable medical certainty.<sup>12</sup> Dr. Fuentes failed to provide a fully detailed report as he made no mention of appellant's medical history, findings on physical examination, or review of diagnostic testing. He reported that appellant's employment as a mechanic entailed pushing, hammering, lifting, chiseling, use of a manual screwdriver, and often involved twisting and movement of the bilateral hands and wrists. Dr. Fuentes' statement on causation failed to provide a sufficient explanation as to the mechanism of injury pertaining to this occupational disease claim as alleged by appellant, namely, how repetitive pushing, pulling, twisting, and lifting would cause or aggravate his bilateral lateral epicondylitis and right wrist de Quervain's tenosynovitis.<sup>13</sup>

The remaining medical evidence of record is also insufficient to establish appellant's occupational disease claim. The medical notes from Dr. Rex and Dr. Fuller merely excuse appellant from work and failed to state any diagnosis or cause of injury. The Board has held that medical evidence that does not offer any opinion regarding the cause of an employee's condition is of limited probative value.<sup>14</sup>

An award of compensation may not be based on surmise, conjecture, speculation, or on the employee's own belief of causal relation.<sup>15</sup> Appellant's honest belief that his occupational employment duties caused his 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 a causal relationship between appellant's federal employment duties as an automobile mechanic and his diagnosed bilateral lateral epicondylitis and right wrist de Quervain's tenosynovitis. Thus, appellant has failed to meet his burden of proof.

Appellant may submit additional evidence, together with a written request for reconsideration, to OWCP within one year of the Board's merit decision, pursuant to 5 U.S.C. § 8128(a) and 20 C.F.R. §§ 10.605 and 10.607.

### **CONCLUSION**

The Board finds that appellant has not met his burden of proof to establish that he developed bilateral arm and right wrist conditions causally related to factors of his federal employment.

---

<sup>11</sup> See *Michael R. Shaffer*, 55 ECAB 339 (2004).

<sup>12</sup> See *Beverly R. Jones*, 55 ECAB 411 (2004).

<sup>13</sup> *S.W.*, Docket 08-2538 (issued May 21, 2009).

<sup>14</sup> *S.E.*, Docket No. 08-2214 (issued May 6, 2009); *C.B.*, Docket No. 09-2027 (issued May 12, 2010).

<sup>15</sup> *D.D.*, 57 ECAB 734 (2006).

**ORDER**

**IT IS HEREBY ORDERED THAT** the December 6, 2016 decision of the Office of Workers' Compensation Programs is affirmed.

Issued: June 13, 2017  
Washington, DC

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

Alec J. Koromilas, Alternate Judge  
Employees' Compensation Appeals Board

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