

supervisor controverted the claim stating that appellant was last exposed to conditions alleged to have caused his injury on March 31, 2014, the date he retired.

In an accompanying narrative statement dated December 20, 2016, appellant reported that he was a retired letter carrier who worked for the employing establishment for 27 years. He stated that he was last exposed to the work factors that caused his right hand/wrist injury on March 31, 2014. Appellant described his employment duties which entailed preparing and casing mail for delivery. This entailed grabbing mail with his left hand and using his right thumb and index finger to grasp the outer edges of the letters to insert mail by street and number, repetitively performing this task for three to four hours per day. Appellant further described his street duties which required delivering mail and grasping letters using his right hand, thumb, and index finger repetitively for six to eight hours per day over the last 27 years. He reported that this repetitive motion placed a lot of stress to his right hand causing him to self-medicate before and after work to alleviate his pain. Appellant explained that after he retired the pain did not subside, which caused him to seek medical treatment with Dr. Everett Lee Campbell, a Board-certified orthopedic surgeon, on December 20, 2016. He concluded that he had no hobbies other than watching movies.

In a May 10, 2016 medical report, Dr. Angelo Romagosa, Board-certified in physical medicine and rehabilitation, reported that appellant had sustained a work-related injury to the right upper extremity while working for the employing establishment on July 15, 2014.² Appellant was diagnosed with a rotator cuff tear and subsequently underwent surgical repair. He eventually developed progressive numbness and tingling in the right upper extremity associated with weakness in the hand and discomfort/pain in the wrist and hand. Dr. Romagosa reported that an electromyography (EMG) and nerve conduction velocity (NCV) study revealed abnormal findings consistent with a median neuropathy on the right, with a lesion located at or near the wrist moderate in electrical degree with evidence of demyelination, but no evidence of axonal degeneration. He diagnosed right carpal tunnel syndrome.

In a December 20, 2016 medical report, Dr. Campbell reported that appellant was retired, but had worked for the employing establishment for 27 years which involved a great deal of repetitive tasks using the right hand. He noted that appellant often had symptoms of carpal tunnel syndrome which went untreated until recently when EMG/NCV testing revealed right carpal tunnel. Dr. Campbell reviewed appellant's December 20, 2016 narrative statement detailing his employment duties, provided findings on physical examination, and diagnosed right carpal tunnel syndrome. He opined that the repetitive motion of having to grasp mail with his right thumb and index finger over a period of 27 years, for 8 to 10 hours per day, was the direct cause for appellant's carpal tunnel syndrome. Dr. Campbell concluded that appellant's narrative explanation of his condition and the repetitive tasks he performed with the right hand had a clinical presentation consistent with chronic right carpal tunnel syndrome.

By letter dated February 22, 2017, OWCP informed appellant that the evidence of record was insufficient to support his claim. It advised of the medical and factual evidence needed and

² The record reflects that appellant filed a workers' compensation occupational disease claim with a July 15, 2014 date of injury under OWCP File No. xxxxxx246. The record before the Board contains no other information pertaining to this claim.

directed him to submit the necessary evidence within 30 days. In another letter of that same date, OWCP requested additional information from the employing establishment pertaining to appellant's occupational disease claim.

A position description detailing appellant's employment duties was received.

By letter dated April 24, 2017, the employing establishment controverted the claim arguing that appellant failed to establish that his carpal tunnel syndrome was work related. It noted that he retired on March 31, 2014 and had not been exposed to the employment duties alleged to have caused his injury for over two years.

By decision dated May 5, 2017, OWCP denied appellant's claim finding that the evidence of record failed to establish that his diagnosed right carpal tunnel syndrome was causally related to the accepted federal employment factors.

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 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 every compensation claim regardless of whether the claim is predicated on a traumatic injury or occupational disease.⁵

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.⁶

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 supporting such causal relationship.⁷ The opinion of the physician must be based on a complete factual and medical background of the claimant, 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

³ *Supra* note 1.

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

⁵ *Michael E. Smith*, 50 ECAB 313 (1999).

⁶ *See Roy L. Humphrey*, 57 ECAB 238, 241 (2005); *Ruby I. Fish*, 46 ECAB 276, 279 (1994).

⁷ *See* 20 C.F.R. § 10.110(a); *John M. Tornello*, 35 ECAB 234 (1983).

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.⁸

ANALYSIS

OWCP accepted that appellant engaged in repetitive activities using his hands in his employment duties as a letter carrier. It denied his claim, however, finding that the evidence of record failed to establish causal relationship between those factors and his right carpal tunnel syndrome. The Board finds that the medical evidence of record was insufficient to establish that appellant developed right carpal tunnel syndrome causally related to factors of his federal employment as a letter carrier.

In support of his claim, appellant submitted a May 10, 2016 medical report from Dr. Romagosa. The Board finds that Dr. Romagosa's report does not provide support for a work-related occupational injury. Dr. Romagosa provided a history of injury, noting that appellant sustained a right rotator cuff tear on July 15, 2014 while working for the employing establishment. He reported that appellant subsequently underwent surgical repair and eventually developed progressive numbness and tingling in the right upper extremity, associated with weakness in the hand and discomfort/pain in the wrist and hand. The Board notes that Dr. Romagosa attributed appellant's right carpal tunnel symptoms to his rotator cuff injury rather than his repetitive employment factors as alleged in this claim. While he provided a diagnosis of right carpal tunnel, Dr. Romagosa failed to provide any opinion causally relating the condition to appellant's alleged factors of employment. He did not discuss appellant's work as a letter carrier and did not report an understanding of his federal employment factors to establish causation.⁹ Dr. Romagosa's conclusions are insufficient to establish the requisite causal relationship because he failed to explain how performing repetitive duties of a letter carrier caused or aggravated the diagnosed conditions.¹⁰

The Board has held that medical evidence that does not offer any rationalized opinion regarding the cause of an employee's condition is of limited probative value on the issue of causal relationship.¹¹ As such, Dr. Romagosa's report is of limited probative value and insufficient to meet appellant's burden of proof.¹²

In a December 20, 2016 medical report, Dr. Campbell diagnosed right carpal tunnel syndrome and opined that appellant's repetitive employment factors were the direct cause of his injury. The Board finds that the report of Dr. Campbell is not well rationalized and insufficient

⁸ *James Mack*, 43 ECAB 321 (1991).

⁹ *S.Y.*, Docket No. 11-1816 (issued March 16, 2012).

¹⁰ *See Ralph Pasqua*, Docket No. 01-1302 (issued January 25, 2002).

¹¹ *C.B.*, Docket No. 09-2027 (issued May 12, 2010); *S.E.*, Docket No. 08-2214 (issued May 6, 2009).

¹² *See L.M.*, Docket No. 14-0973 (issued August 25, 2014); *R.G.*, Docket No. 14-113 (issued April 25, 2014); *K.M.*, Docket No. 13-1459 (issued December 5, 2013); *A.J.*, Docket No. 12-0548 (issued November 16, 2012).

to establish appellant's occupational disease claim. Dr. Campbell had some understanding of appellant's employment factors, noting the repetitive motion of having to grasp mail with his right thumb and index finger for 8 to 10 hours per day over 27 years. However, he only generally repeated appellant's allegations pertaining to the employment factors. Such generalized statements do not establish causal relationship because they merely repeat appellant's allegations and are unsupported by adequate medical rationale explaining how this physical activity actually caused the diagnosed conditions.¹³ While Dr. Campbell provided a firm medical diagnosis, his statement on causation failed to explain the mechanism of injury pertaining to this occupational disease claim, namely, how repetitive grasping of mail for 8 to 10 hours per day, would cause or aggravate appellant's right carpal tunnel syndrome.¹⁴ Without explaining how physiologically the movements involved in his employment factors caused or contributed to his diagnosed condition, Dr. Campbell's opinion on causal relationship is not sufficiently rationalized and is of limited probative value.¹⁵

An award of compensation may not be based on surmise, conjecture, speculation, or on the employee's own belief of causal relation.¹⁶ Appellant's honest belief that his occupational employment duties caused his medical injury, however, sincerely held, does not constitute medical evidence sufficient to establish causal relationship.¹⁷ In the instant case, the record lacks rationalized medical evidence establishing causal relationship between his federal employment duties as a letter carrier and his diagnosed right carpal tunnel syndrome. 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 through 10.607.

CONCLUSION

The Board finds that appellant has not met his burden of proof to establish right carpal tunnel syndrome causally related to factors of his federal employment.

¹³ *K.W.*, Docket No. 10-0098 (issued September 10, 2010).

¹⁴ *S.W.*, Docket 08-2538 (issued May 21, 2009).

¹⁵ *See V.G.*, Docket No. 17-0067 (issued April 15, 2017). *P.O.*, Docket No. 14-1675 (issued December 3, 2015); *S.R.*, Docket No. 12-1098 (issued September 19, 2012).

¹⁶ *D.D.*, 57 ECAB 734 (2006).

¹⁷ *See J.S.*, Docket No. 17-0967 (issued August 23, 2017).

ORDER

IT IS HEREBY ORDERED THAT the May 5, 2017 decision of the Office of Workers' Compensation Programs is affirmed.

Issued: November 28, 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