



motions in casing and delivering mail during six years at the employing establishment caused bilateral carpal tunnel syndrome. She described carrying trays of mail and pushing bins of parcels. Appellant alleged that delivering her route required opening and closing 125 key keepers, 272 door knobs, 156 mailboxes, and 110 curbside boxes, as well as setting and releasing her parking brake 65 times a day. She did not stop work at the time of her claim. In support of her claim, appellant submitted a March 25, 2016 report from a physician assistant.

In an April 27, 2016 letter, OWCP notified appellant of the additional evidence needed to establish her claim, including a report from her attending physician explaining how and why the alleged factors of her federal employment would cause bilateral carpal tunnel syndrome. It explained that physician assistants were not considered physicians under FECA. OWCP afforded appellant 30 days to submit such evidence.

In response, appellant submitted April 28, 2016 electromyography and nerve conduction velocity studies by Dr. David K. Kaufman, an attending Board-certified neurologist, demonstrating moderate carpal tunnel syndrome on the right and borderline carpal tunnel syndrome on the left. Dr. Kaufman noted that the bilateral carpal tunnel syndrome was unchanged since August 18, 2006 electrodiagnostic studies.

Dr. Jon J. Cherney, an attending Board-certified orthopedic surgeon and hand surgeon, provided a May 4, 2016 report relating appellant's account of "pinching a key and opening key locks 650 times a day, and repetitive pinching and grasping while sorting and delivering mail. He diagnosed bilateral carpal tunnel syndrome, right greater than left, and bilateral basal joint primary arthritis of both thumbs. Dr. Cherney opined that "[g]iven [appellant's] history of constant, full time, high force pinch, grasp, and rotation of the hand, these are work-related problems. The osteoarthritis is accelerated beyond a normal progression by repetitive pinch." He noted work restrictions.

In a May 5, 2016 report, Dr. Brad Wozney, a Board-certified family practitioner, noted treating appellant beginning on March 9, 2016 for bilateral hand and wrist pain. He related her account of rotating her right hand and wrist approximately 500 times a day. Dr. Wozney opined that "repetitive motion of sorting mail, which puts appellant's wrist in recurrent flexion and extension, is a major risk factor for carpal tunnel syndrome." He explained that her work duties were "most likely the underlying cause of her carpal tunnel syndrome. At minimum, it is the greatest aggravating factor to her condition." Dr. Wozney recommended bilateral carpal tunnel release. He prescribed wrist splints and medication.

Appellant also submitted a May 4, 2016 letter from a physician assistant.

By decision dated May 27, 2016, OWCP denied the claim, finding that, although appellant had established that the described work factors occurred as alleged, the medical evidence of record contained insufficient medical rationale explaining how and why those factors would cause or aggravate bilateral carpal tunnel syndrome.

On July 27, 2016 appellant requested reconsideration. In support of her request, she submitted a June 30, 2016 letter from Dr. Cherney, opining that repetitive, high-force pinching accelerated her bilateral basilar joint arthritis beyond a normal progression. Dr. Cherney

explained that appellant's bilateral carpal tunnel syndrome was also caused by repetitive, high-force pinching, grasping, and awkward wrist positioning. He administered a right basal joint injection on July 25, 2016.

Appellant also provided reports from a nurse practitioner.

By decision dated September 20, 2016, OWCP denied modification, finding that the additional evidence submitted on reconsideration did not contain sufficient medical rationale to establish causal relationship between the accepted work factors and bilateral carpal tunnel syndrome. It found that Dr. Cherney's opinion was not based on an accurate medical history as he failed to mention that appellant was diagnosed with bilateral carpal tunnel syndrome in August 2006. Therefore, Dr. Cherney's opinion that her bilateral carpal tunnel syndrome was due to repetitive pinching and grasping at work was of little probative weight. OWCP further found that the nurse practitioner notes were of no probative value as nurse practitioners are not considered physicians under FECA.

In a letter received on November 28, 2016, appellant requested reconsideration. She provided her October 28, 2016 statement, noting that she began part-time work at the employing establishment in 1996. Following 10 years of employment with the employing establishment, appellant was diagnosed with bilateral carpal tunnel syndrome in 2006. She began full-time work at the employing establishment in September 2010. Dr. Cherney then diagnosed bilateral basal joint arthritis in addition to bilateral carpal tunnel syndrome. Appellant attributed her carpal tunnel syndrome and basilar joint arthritis to "pinching keys and turning over 650 times per day." She provided a nonofficial job description from a lay advocate's website.

The employing establishment responded to appellant's request for reconsideration by September 18, 2016 letter, contending that, while she delivered mail to 650 apartment mailboxes, she used a key to open a "large cluster box door" which automatically opened the individual mailboxes. Appellant did not unlock them individually as she asserted in her descriptions to her physicians and accompanying her claim form. The employing establishment provided her official position description

Appellant submitted additional medical evidence. In a November 17, 2016 report, Dr. Cherney noted that August 22, 2006 electrodiagnostic studies demonstrated significant bilateral carpal tunnel syndrome, with denervation in both hands. As this testing predated appellant's full-time employment as a letter carrier, Dr. Cherney did not believe, within a reasonable degree of medical certainty, that he could relate her carpal tunnel syndrome to her federal employment. He opined that repetitive, high-force pinching contributed materially to development of bilateral basal joint arthritis.

By decision dated April 14, 2017, OWCP denied modification, finding that Dr. Cherney's November 17, 2016 report contained insufficient medical reasoning to establish that the accepted work factors caused or aggravated the claimed conditions.

## LEGAL PRECEDENT

An employee seeking benefits under FECA<sup>2</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 and/or specific condition for which compensation is claimed are causally related to the employment injury.<sup>3</sup> 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.<sup>4</sup>

An occupational disease is defined as a condition produced by the work environment over a period longer than a single workday or shift.<sup>5</sup> 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) 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 generally rationalized medical opinion evidence. Rationalized medical opinion evidence is medical evidence which includes a physician’s rationalized opinion on the issue of whether there is a causal relationship between the claimant’s diagnosed condition and the implicated employment factors. 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.<sup>6</sup>

## ANALYSIS

Appellant alleged that she sustained bilateral carpal tunnel syndrome and bilateral basal joint arthritis due to repetitive pinching and grasping at work on or before July 13, 2015. OWCP accepted the implicated employment factors, but denied the claim as the medical evidence of record was insufficient to establish causal relationship.

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<sup>2</sup> *Id.*

<sup>3</sup> *Joe D. Cameron*, 41 ECAB 153 (1989).

<sup>4</sup> *See Irene St. John*, 50 ECAB 521 (1999); *Michael E. Smith*, 50 ECAB 313 (1999).

<sup>5</sup> 20 C.F.R. § 10.5(q).

<sup>6</sup> *Solomon Polen*, 51 ECAB 341 (2000).

In support of her claim, appellant provided reports from Dr. Cherney, an attending Board-certified orthopedic surgeon and hand surgeon. Dr. Cherney initially opined that repetitive, high-force pinching, grasping, and awkward wrist positioning at work caused bilateral carpal tunnel syndrome and bilateral basal joint arthritis. On November 17, 2016 he changed his opinion, explaining that because appellant was first diagnosed with bilateral carpal tunnel syndrome on August 18, 2006, prior to her full-time federal employment, he could no longer relate the condition to the accepted work factors. Dr. Cherney's opinion therefore negates causal relationship between pinching and grasping at work and bilateral carpal tunnel syndrome. While he commented that those tasks contributed materially to the development of bilateral basal joint arthritis, he did not explain how and why the accepted work factors would cause or contribute to the claimed arthritis. In the absence of a clear presentation of the pathophysiologic basis for supporting a causal connection between appellant's duties and the claimed basal joint arthritis, Dr. Cherney's opinion is insufficient to meet her burden of proof.<sup>7</sup>

Dr. Wozney, a Board-certified family practitioner, opined on May 5, 2016 that repetitive wrist flexion and extension while sorting mail was the "greatest aggravating factor" and "most likely the underlying cause" of appellant's carpal tunnel syndrome. However, he did not set forth his medical reasoning as to how those motions would cause or aggravate carpal tunnel syndrome. The lack of rationale greatly reduces the probative value of his opinion.<sup>8</sup>

Appellant also provided evidence from a nurse practitioner and a physician assistant. Nurse practitioners<sup>9</sup> and physician assistants<sup>10</sup> are not considered physicians under FECA, and their opinions are therefore of no probative medical value. These reports are therefore insufficient to meet appellant's burden of proof to establish causal relationship.

As appellant failed to submit sufficient rationalized medical evidence setting forth the pathophysiologic mechanisms by which the accepted work factors would cause or aggravate bilateral carpal tunnel syndrome or bilateral basal joint arthritis, OWCP's April 14, 2017 decision denying the claim was proper under the facts and circumstances of this case.

Appellant may submit additional 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 that she sustained bilateral carpal tunnel syndrome and bilateral basal joint arthritis causally related to accepted factors of her federal employment.

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<sup>7</sup> *Deborah L. Beatty*, 54 ECAB 340 (2003).

<sup>8</sup> *Id.*

<sup>9</sup> *See* 5 U.S.C. § 8101(2); *D.C.*, Docket No. 16-1457 (issued May 18, 2017).

<sup>10</sup> *Allen C. Hundley*, 53 ECAB 551 (2002).

**ORDER**

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

Issued: October 17, 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