

factors of his federal employment including intense repetitive motions when servicing weapons. He noted that he first became aware of his claimed condition on August 15, 2016 and first realized that his condition was caused or aggravated by his federal employment on May 12, 2017. In a statement, appellant attributed his condition to repetitive motions, used approximately 40 to 60 times per day, while performing services equaling five hours per day, five days a week, on approximately 150 weapons per week.

In a report dated May 12, 2017, Dr. Stephen Williamson, Board-certified in occupational medicine, diagnosed bilateral carpal tunnel syndrome and left trigger thumb and advised appellant to wear a splint at night and gloves. Additionally, in an examination report dated October 16, 2017, Dr. Mohammad Choudhary, a Board-certified neurologist, reviewed an electromyogram and nerve conduction velocity (EMG/NCV) study and concluded that appellant's condition was consistent with bilateral carpal tunnel syndrome.

In a development letter dated May 17, 2018, OWCP advised appellant of the factual and medical deficiencies of his claim. It provided a questionnaire for his completion to establish the employment factors alleged to have caused or contributed to his medical condition and requested a medical report from his attending physician explaining how and why his federal work activities caused, contributed to, or aggravated his medical condition. In a separate development letter of even date, OWCP requested that the employing establishment provide additional information regarding appellant's occupational disease claim, including comments from a knowledgeable supervisor regarding the accuracy of appellant's statements, and a copy of appellant's position description and physical requirements of his position. It afforded him and the employing establishment 30 days to submit the necessary evidence.

On May 23, 2018 C.S., appellant's supervisor, submitted a letter providing a description of appellant's work activities, work environment, and relevant precautions implemented in the performance of these tasks. He indicated that appellant's work activities required him to turn the barrel of different rifles with moderate effort to ensure each barrel was secure. C.S. estimated that each repairman services approximately 40 rifles per day. He noted that each repairman is also provided mechanic gloves, hearing protection gear, eye protection goggles, steel toe boots, as well as two 15-minute breaks and a half-hour lunch break as precautionary measures.

By decision dated June 18, 2018, OWCP denied appellant's claim finding that the evidence submitted was insufficient to establish that his diagnosed medical conditions were causally related to the accepted factors of his federal employment. It concluded, therefore, that he had not met the requirements to establish an employment-related injury or condition.

OWCP continued to receive medical evidence. In a progress note dated June 27, 2017, Dr. Charles S. Harriman, a Board-certified family practitioner, noted that appellant presented with complaints of bilateral hand pain that was getting worse. He also noted that appellant had difficulty grasping at work and had developed a nodular mass along his distal second flexor tendon. In a progress note dated September 28, 2017, Dr. Victoria Kubik, a Board-certified orthopedic surgeon, noted that appellant presented with bilateral hand numbness and tingling consistent with carpal tunnel syndrome.

On August 16, 2018 appellant requested reconsideration and submitted new evidence in support of his claim.

In a July 12, 2017 report, Dr. Harriman opined that appellant's condition was caused by the recurrent forceful hand and wrist manipulation experienced during the performance of his work duties and not related to any other discovered personal activities. Appellant also provided Dr. Harriman's June 13, 2018 progress notes, which detailed his job duties, as described to Dr. Harriman. In a work restriction report dated July 12, 2018, Dr. Harriman limited appellant to no lifting over 15 pounds and no twisting or flexing of his wrists for 30 days.

By decision dated November 23, 2018, OWCP denied modification of its prior decision finding that appellant had not submitted rationalized medical evidence establishing causal relationship between his diagnosed conditions and the accepted factors of his federal employment.

LEGAL PRECEDENT

An employee seeking benefits under FECA² 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,³ that an injury 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 These are the essential elements of each and every compensation claim, regardless of whether the claim is predicated upon a traumatic injury or an occupational disease.⁵

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) a 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.⁶

² *Supra* note 1.

³ *S.C.*, Docket No. 18-1242 (issued March 13, 2019); *S.B.*, Docket No. 17-1779 (issued February 7, 2018); *J.P.*, 59 ECAB 178 (2007); *Joe D. Cameron*, 41 ECAB 153 (1989).

⁴ *S.C., id.; J.M.*, Docket No. 17-0284 (issued February 7, 2018); *R.C.*, 59 ECAB 427 (2008); *James E. Chadden, Sr.*, 40 ECAB 312 (1988).

⁵ *S.C., id.; K.M.*, Docket No. 15-1660 (issued September 16, 2016); *L.M.*, Docket No. 13-1402 (issued February 7, 2014); *Delores C. Ellyett*, 41 ECAB 992 (1990).

⁶ *C.D.*, Docket No. 17-2011 (issued November 6, 2018); *Jacquelyn L. Oliver*, 48 ECAB 232, 235-36 (1996).

Causal relationship is a medical issue and the medical evidence required to establish causal relationship is rationalized medical opinion evidence.⁷ Rationalized medical opinion evidence is medical evidence which includes a physician's rationalized opinion on the issue of whether there is 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.⁸

ANALYSIS

The Board finds that appellant has not met his burden of proof to establish bilateral carpal tunnel syndrome and left trigger thumb causally related to the accepted factors of his federal employment.

In his July 12, 2018 medical report, Dr. Harriman concluded that appellant's condition was caused by his job tasks and was not related to any other discovered external activities. He specifically opined that appellant's bilateral carpal tunnel syndrome is "without doubt and as a statement of medical fact caused by the recurrent forceful hand and wrist manipulation experienced during the performance of his assigned duties." While Dr. Harriman supported causal relationship, he did not identify specific work duties which allegedly caused or contributed to appellant's bilateral carpal tunnel syndrome nor did he offer medical rationale explaining how and why he opined that appellant's work activities could result in the diagnosed conditions. The Board has frequently explained that conclusory medical opinions are entitled to little probative weight and are insufficient to support a causal relationship claim.⁹ Appellant also submitted reports of Dr. Harriman dated July 12, 2017, and June 13 and 27, 2018 which do not contain an opinion on causal relationship. The Board has held that medical evidence that does not offer an opinion regarding the cause of an employee's condition is of no probative value on the issue of causal relationship.¹⁰ For these reasons, Dr. Harriman's reports are insufficient to establish a causal relationship.

In his May 12, 2017 report, Dr. Williamson made note of appellant's bilateral hand pain and advised that he wear gloves and a splint at night. However, he did not opine as to the cause of appellant's condition. As noted medical evidence that does not offer an opinion on causal relationship is of no probative value.¹¹ Therefore, Dr. Williamson's report is insufficient to establish appellant's claim.

⁷ *M.B.*, Docket No. 17-1999 (issued November 13, 2018).

⁸ *M.L.*, Docket No. 18-1605 (issued February 26, 2019).

⁹ *M.E.*, Docket No. 18-0330 (issued September 14, 2018); *A.D.*, 58 ECAB 149 (2006).

¹⁰ *See L.B.*, Docket No. 18-0533 (issued August 27, 2018); *D.K.*, Docket No. 17-1549 (issued July 6, 2018).

¹¹ *Id.*

Similarly, Dr. Choudhary found in his October 16, 2017 examination report that the EMG/NCV study performed on that date demonstrated that appellant's condition was consistent with bilateral carpal tunnel syndrome. He did not address causal relationship between appellant's bilateral carpal tunnel syndrome and the factors of his federal employment. As such, Dr. Choudhary's report is also of no probative value on the issue of causal relationship.¹²

In her September 28, 2017 progress note, Dr. Kubik noted bilateral hand numbness and tingling consistent with carpal tunnel syndrome. However, she did not opine as to the cause of appellant's condition. As noted above, medical evidence that does not offer an opinion regarding the cause of an employee's condition is of no probative value on the issue of causal relationship.¹³

As appellant has not submitted rationalized medical evidence establishing that his bilateral carpal tunnel syndrome and left trigger thumb is causally related to the accepted factors of his federal employment, the Board finds that he has not met his burden of proof to establish his claim.

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 his burden of proof to establish bilateral carpal tunnel syndrome and left trigger thumb causally related to the accepted factors of his federal employment.

¹² *Id.*

¹³ *Id.*

ORDER

IT IS HEREBY ORDERED THAT the November 23, 2018 decision of the Office of Workers' Compensation Programs is affirmed.

Issued: August 8, 2019
Washington, DC

Christopher J. Godfrey, Chief Judge
Employees' Compensation Appeals Board

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

Janice B. Askin, Judge
Employees' Compensation Appeals Board