

ISSUE

The issue is whether appellant has met her burden of proof to establish that her right wrist de Quervain's tenosynovitis was causally related to the accepted September 27, 2017 employment incident.

FACTUAL HISTORY

On September 27, 2017 appellant, then a 35-year-old letter carrier, filed a traumatic injury claim (Form CA-1) alleging that, on that date, she developed burning in her right wrist, as well as cramping and swelling of her hand after delivering mail. She stopped work on that day.

In a September 27, 2017 authorization for examination and/or treatment (Form CA-16), received by OWCP on October 6, 2017, the employing establishment authorized treatment for appellant's right wrist.

A September 27, 2017 duty status report (Form CA-17) diagnosed de Quervain's tenosynovitis and noted an injury date of September 27, 2017.³ The report noted that appellant developed right wrist pain and burning and hand cramping while delivering mail and that she could not perform her usual employment duties.

By development letter dated October 18, 2017, OWCP advised appellant that the evidence of record was insufficient to support her claim. It indicated that a physician's opinion supported by a medical explanation as to how the reported work incident caused or aggravated the claimed injury was needed. OWCP afforded appellant 30 days to submit the requested information.

Dr. Timothy J. Nice, a treating Board-certified orthopedic surgeon, related in an October 10, 2017 report that appellant was diagnosed with de Quervain's tendinitis at an Urgent Care Center. Appellant attributed her right wrist pain to delivering and sorting mail. Physical examination findings included positive Finkelstein and tenderness over the first dorsal right wrist compartment. In an October 10, 2017 Form CA-17, Dr. Nice diagnosed right wrist de Quervain's tendinitis and noted an injury date of September 27, 2017. On October 30, 2017 Dr. Nice observed that appellant continued to have first dorsal compartment tendinitis. He placed her off work until the condition improved.

Appellant subsequently submitted physical therapy reports dated October 25, 26, and 31 and November 2, 6, and 8, 2017.

By decision dated November 27, 2017, OWCP denied appellant's traumatic injury claim. It found that the September 27, 2017 incident occurred as alleged and a medical condition was diagnosed. However, OWCP found that the medical evidence of record was insufficient to establish an injury or condition causally related to the accepted September 27, 2017 employment incident.

³ The signature on the form is illegible.

In a letter dated December 29, 2017, appellant requested reconsideration and submitted additional evidence, including physical therapy reports.

In a December 17, 2017 report, Dr. Nice noted the physical findings supported a diagnosis of de Quervain's tendinitis based on appellant exhibiting the signs of this condition. He explained that this condition typically occurs from overuse or percussive force on the wrist as found in a traumatic event and comes from sorting mail and putting mail into boxes.

Dr. Nice, in progress notes dated December 28, 2017, reported that appellant continued to exhibit tenderness and weakly positive right wrist Finkelstein. Appellant related that she felt unable to handle mail.

By decision dated March 23, 2018, OWCP denied modification of its prior decision, finding that the medical evidence remained insufficient to establish causal relationship between the accepted September 27, 2017 work incident and the diagnosed right de Quervain's tendinitis.

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 injury⁵ 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.⁶ 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.⁷

To determine whether a federal employee has sustained a traumatic injury in the performance of duty it must first be determined whether fact of injury has been established.⁸ First, the employee must submit sufficient evidence to establish that he or she actually experienced the employment incident at the time, place, and in the manner alleged.⁹ Second, the employee must

⁴ *Supra* note 2.

⁵ OWCP regulations define a traumatic injury 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. Such condition must be caused by external force, including stress or strain, which is identifiable as to time and place of occurrence and member or function of the body affected. 20 C.F.R. § 10.5(ee).

⁶ *N.C.*, Docket No. 17-0425 (issued June 21, 2018); *C.S.*, Docket No. 08-1585 (issued March 3, 2009); *Bonnie A. Contreras*, 57 ECAB 364 (2006).

⁷ *N.C.*, *id.*; *S.P.*, 59 ECAB 184 (2007); *Joe D. Cameron*, 41 ECAB 153 (1989).

⁸ *B.F.*, Docket No. 09-0060 (issued March 17, 2009); *Bonnie A. Contreras*, *supra* note 6.

⁹ *S.F.*, Docket No. 18-0296 (issued July 26, 2018); *D.B.*, 58 ECAB 464 (2007); *David Apgar*, 57 ECAB 137 (2005).

submit sufficient evidence, generally only in the form of medical evidence, to establish that the employment incident caused a personal injury.¹⁰

Rationalized medical opinion evidence is generally required to establish causal relationship. The opinion of the physician must be based on a complete factual and medical background, 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.¹¹ 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.¹²

ANALYSIS

The Board finds that appellant has not established that her right wrist de Quervain's tenosynovitis was causally related to the accepted September 27, 2017 employment incident.

Appellant submitted a series of reports from her attending physician, Dr. Nice. In a December 17, 2017 report, Dr. Nice explained that her physical findings supported the diagnosis of de Quervain's tendinitis in that typically de Quervain's syndrome occurs due to percussion or overuse of the wrist as found in a traumatic event such as sorting mail and placing mail into boxes. The Board has long held that a mere conclusion, without the necessary medical rationale explaining how and why the physician believes that a claimant's accepted exposure could result in a diagnosed condition, is insufficient to meet the claimant's burden of proof.¹³ Dr. Nice offered no rationalized medical explanation as to how, appellant's delivering mail on September 27, 2017 would have caused her diagnosed condition. Without explaining how, physiologically, the movements involved in the employment incident caused or contributed de Quervain's tenosynovitis, Dr. Nice's opinion is of limited probative value.

In his other previous reports, Dr. Nice diagnosed de Quervain's tendinitis, provided examination findings, and noted an injury date of September 27, 2017. He however, offered no opinion as to whether the diagnosed condition was causally related to the accepted employment incident of September 27, 2017. Medical evidence that does not offer an opinion regarding the

¹⁰ *A.D.*, Docket No. 17-1855 (issued February 26, 2018); *C.B.*, Docket No. 08-1583 (issued December 9, 2008); *D.G.*, 59 ECAB 734 (2008); *Bonnie A. Contreras*, *supra* note 6.

¹¹ *A.D.*, *id.*; *I.J.*, 59 ECAB 408 (2008); *Victor J. Woodhams*, 41 ECAB 345 (1989).

¹² *S.H.*, Docket No. 17-1660 (issued March 27, 2018); *James Mack*, 43 ECAB 321 (1991).

¹³ *See D.A.*, Docket No. 18-0525 (issued November 2, 2018); *A.B.*, Docket No. 16-0864 (issued November 16, 2016); *Beverly A. Spencer*, 55 ECAB 501 (2004).

cause of an employee's condition is of no probative value on the issue of causal relationship.¹⁴ For the reasons set forth above, Dr. Nice's reports are insufficient to establish appellant's claim.

The record also contains a September 27, 2017 Form CA-17 with an illegible signature diagnosing de Quervain's tenosynovitis and that appellant developed hand cramping and right wrist pain while delivering mail on September 27, 2017. The Board has held that a report that bears an illegible signature cannot be considered probative medical evidence because it lacks proper identification.¹⁵ Thus, this report is of no probative value.¹⁶

Appellant also submitted evidence from physical therapists. These documents do not constitute competent medical evidence because physical therapists are not considered "physicians" as defined under FECA.¹⁷ As such, this evidence is of no probative and is insufficient to meet appellant's burden of proof.¹⁸

On appeal counsel alleges that OWCP's decision was wrong as causation was established. As discussed above, the record contains no medical evidence explaining how the diagnosed condition had been caused or aggravated by the accepted September 27, 2017 employment incident.

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 10.607.¹⁹

¹⁴ *L.B.*, Docket No. 18-0533 (issued August 27, 2018); *D.K.*, Docket No. 17-1549 (issued July 6, 2018); *Ellen L. Noble*, 55 ECAB 530 (2004).

¹⁵ *See S.W.*, Docket No. 18-0721 (issued November 6, 2018); *R.M.*, 59 ECAB 690 (2008); *D.D.*, 57 ECAB 734 (2006); *Richard J. Charot*, 43 ECAB 357 (1991).

¹⁶ *Id.*

¹⁷ 5 U.S.C. § 8101(2); *N.C.*, Docket No. 17-0425 (issued June 21, 2018); *Jennifer L. Sharp*, 48 ECAB 209 (1996) (physical therapists). *See also Gloria J. McPherson*, 51 ECAB 441 (2000); *Charley V.B. Harley*, 2 ECAB 208, 211 (1949) (a medical issue such as causal relationship can only be resolved through the submission of probative medical evidence from a physician).

¹⁸ *C.N.*, Docket No. 17-1321 (issued January 16, 2018); *A.C.*, Docket No. 08-1453 (issued November 18, 2008) (records from a physical therapist do not constitute competent medical opinion in support of causal relation, as physical therapists are not considered physicians as defined under FECA).

¹⁹ The record contains a Form CA-16 signed by the employing establishment official on September 27, 2017. When the employing establishment properly executes a CA-16 form which authorizes medical treatment as a result of an employee's claim for an employment-related injury, the CA-16 form creates a contractual obligation, which does not involve the employee directly, to pay for the cost of the examination or treatment regardless of the action taken on the claim. The period for which treatment is authorized by CA-16 form is limited to 60 days from the date of issuance, unless terminated earlier by OWCP. *See* 20 C.F.R. § 10.300(c); *Tracy P. Spillane*, 54 ECAB 608 (2003). The record is silent as to whether OWCP paid for the cost of appellant's examination or treatment for the period noted on the form.

CONCLUSION

The Board finds that appellant has not met her burden of proof to establish that her right wrist de Quervain's tenosynovitis was causally related to the accepted September 27, 2017 employment incident.

ORDER

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

Issued: January 7, 2019
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