



## **FACTUAL HISTORY**

On March 13, 2018 appellant, then a 64-year-old retired aircraft pattern, jig, and fixture builder leader, filed an occupational disease claim (Form CA-2) alleging left carpal tunnel syndrome (CTS) and ulnar nerve entrapment, which he attributed to repetitive work-related hand movements, including hammering sheet metal and other materials. He identified April 1, 2013 as the date he first became aware of his condition, and February 15, 2018 as the date he first realized his condition was caused or aggravated by his employment. On the reverse side of the claim form, the employing establishment noted that appellant had retired in October 2016. Appellant's Form CA-2 was accompanied by his position description and a notification of personnel action (SF 50-B) regarding his voluntary retirement, effective October 1, 2016.

In a development letter dated March 21, 2018, OWCP advised appellant of the need for additional factual information and medical evidence in support of his claim. It specifically inquired about the circumstances of the alleged employment factors. OWCP also requested that appellant provide a narrative report from his attending physician, which included a diagnosis and a medical explanation as to how the reported work incident either caused or aggravated a medical condition. It afforded him 30 days to submit the requested information. No evidence was received.

By decision dated April 23, 2018, OWCP denied appellant's occupational disease claim finding that the evidence submitted was insufficient to establish that the factors of employment occurred as alleged.

On June 11, 2018 appellant requested reconsideration and submitted a June 5, 2018 report from Dr. Robert C. Lowry, a family medicine specialist. Dr. Lowry noted that appellant presented on May 21, 2018 for evaluation of left hand pain reportedly incurred from work-related activity. Appellant related that he became aware of left hand and left wrist pain while performing repetitive work-related duties of constant hammering and sanding sheet metal, holding and grasping to cut sheet metal, as well as pneumatic air tools. He also explained that he had to constantly use impact wrenches and riveting parts on aircrafts. Appellant further explained that his job duties also consisted of twisting and turning bolts, ratchets, fasteners, rolling cylinders, and rolling sheet metal. Dr. Lowry recorded his belief that appellant's past medical and recreation activities were noncontributory to the present conditions. He noted that diagnostic testing had not yet been performed. Dr. Lowry diagnosed bilateral CTS and left hand primary osteoarthritis.

Dr. Lowry offered his medical opinion that, "[u]pon reviewing diagnostics and description of accident, it is my medical opinion [that appellant] suffers from a [CTS], right upper limb, [CTS], left upper limb, and primary osteoarthritis, left hand caused by occupational work[-]related injury. This injury occurred over a period of time and is due to the repeated stress and strain on [his] right and left hand and left wrist while performing repetitive work-related duties." He opined that appellant met all criteria per FECA guidelines and concluded that causal relationship had been established from appellant performing repetitive work-related duties of constant hammering and sanding sheet metal, holding and grasping to cut sheet metal as well as pneumatic air tools. Dr. Lowry concluded that, undoubtedly, appellant's pain is a direct result of the subsequent condition of his bilateral CTS and primary osteoarthritis of his left hand that has developed due to the work-related injury.

A June 14, 2018 bilateral upper extremity electromyography and nerve conduction velocity (EMG/NCV) study revealed left C6 cervical radiculopathy, moderate bilateral median neuropathy at the wrist, consistent with CTS, moderate left ulnar neuropathy at the elbow, and no evidence of brachial plexopathy or myelopathy.

In a June 27, 2018 follow-up report, Dr. Lowry reexamined appellant and reviewed the results of his June 14, 2018 electrodiagnostic study. He continued to diagnose bilateral CTS and left hand primary osteoarthritis. Dr. Lowry again opined that these conditions were causally related to appellant's employment. His report of June 27, 2018 repeated verbatim much of the June 5, 2018 report regarding causal relationship.

In a July 11, 2018 report, Dr. Lowry reviewed the NCV study and found that the test showed clear evidence of a median neuropathy at the wrists, bilaterally, a C6 radiculopathy, and a C8 brachial plexopathy, bilaterally. He also noted, "[appellant] also has de Quervian's in the left along with [carpometacarpal] arthritis. It does not appear that his prior clinicians have looked into these issues and instead focussed [sic] on the CTS. Previous injections to the wrist, however, have only provided temporary and partial improvements of the symptoms." Dr. Lowry updated his diagnoses to include: (1) bilateral CTS; (2) bilateral pronator tunnel syndrome; (3) left de Quervian's; (4) left carpometacarpal arthritis; and (5) bilateral cervical radiculopathy versus brachial plexopathy. He reported his belief that, "[t]hese conditions were far more likely than not due as a direct consequence of his work as a Jigger/Builder at the Helicopter Base ..., as the constant repetitive nature of the physical demands of that job lifting, using power tools, and forcefully working with metal."

By decision dated September 10, 2018, OWCP reviewed the merits of the claim and modified its prior decision to find that appellant had established fact of injury. However, it denied the claim after finding that the medical evidence of record was insufficient to establish causal relationship between his diagnosed conditions and the accepted employment factors. It indicated that the medical evidence did not set forth the pathophysiologic mechanisms by which the accepted work factors caused or aggravated appellant diagnosed conditions. OWCP also noted that Dr. Lowry had not mentioned appellant's prior work-related left shoulder injury (OWCP File No. xxxxxx117) and whether it had any bearing on his current injuries.<sup>2</sup>

### **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 timely filed within the applicable time limitation,<sup>4</sup> 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

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<sup>2</sup> Appellant has an accepted traumatic injury claim for lumbar sprain and left shoulder joint derangement(s) due to a May 16, 2016 work-related slip and fall.

<sup>3</sup> *Supra* note 1.

<sup>4</sup> *S.B.*, Docket No. 17-1779 (issued February 7, 2018); *J.P.*, 59 ECAB 178 (2007); *Joe D. Cameron*, 41 ECAB 153 (1989).

employment injury.<sup>5</sup> 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.<sup>6</sup>

To establish that an injury was sustained in the performance of duty in an occupational disease claim, a claimant must submit: (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 diagnosed condition is causally related to the identified employment factors.<sup>7</sup>

Causal relationship is a medical question that requires rationalized medical opinion evidence to resolve the issue.<sup>8</sup> A physician's opinion on whether there is causal relationship between the diagnosed condition and the implicated employment factor(s) must be based on a complete factual and medical background.<sup>9</sup> Additionally, the physician's opinion must be expressed in terms of a reasonable degree of medical certainty, and must be supported by medical rationale, explaining the nature of the relationship between the diagnosed condition and appellant's specific employment factor(s).<sup>10</sup>

In any case where a preexisting condition involving the same part of the body is present and the issue of causal relationship therefore involves aggravation, acceleration or precipitation, the physician must provide a rationalized medical opinion that differentiates between the effects of the work-related injury or disease and the preexisting condition.<sup>11</sup>

### ANALYSIS

The Board finds that appellant has not met his burden of proof to establish that his diagnosed cervical and left upper extremity conditions are causally related to the accepted factors of his federal employment.

Appellant submitted three reports from Dr. Lowry containing opinions relative to causal relationship. In reports dated June 5 and 27, 2018, Dr. Lowry noted that, "[u]ndoubtedly, the pain that [appellant] suffers ... developed due to a work[-]related injury." In the report dated July 11, 2018, he again opined that the conditions were "far more likely than not" a "direct consequence of

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<sup>5</sup> *J.M.*, Docket No. 17-0284 (issued February 7, 2018); *R.C.*, 59 ECAB 427 (2008); *James E. Chadden, Sr.*, 40 ECAB 312 (1988).

<sup>6</sup> *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).

<sup>7</sup> *S.C.*, Docket No. 18-1242 (issued March 13, 2019); *Victor J. Woodhams*, 41 ECAB 345, 352 (1989).

<sup>8</sup> *T.H.*, 59 ECAB 388, 393 (2008); *Robert G. Morris*, 48 ECAB 238 (1996).

<sup>9</sup> *M.V.*, Docket No. 18-0884 (issued December 28, 2018).

<sup>10</sup> *Id.*

<sup>11</sup> Federal (FECA) Procedure Manual, Part 2 -- Claims, *Causal Relationship*, Chapter 2.805.3e (January 2013).

[appellant's] work" because of the repetitive physical lifting, use of power tools, and metal work that his employment required.

To be rationalized, the opinion of a 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>12</sup> Dr. Lowry's reports provided diagnoses and statements of reasonable medical certainty, but failed to provide a detailed explanation on causal relationship. While he identified the specific employment factors alleged by appellant, he did not provide a pathophysiological explanation as to how those activities either caused or contributed to appellant's diagnosed conditions.<sup>13</sup> Additionally, Dr. Lowry was apparently unaware of appellant's prior left upper extremity injury under OWCP File No. xxxxxx117. The Board has consistently held that complete medical rationalization is particularly necessary when there are preexisting conditions involving the same body part,<sup>14</sup> and has required medical rationale differentiating between the effects of the work-related injury and the preexisting condition in such cases.<sup>15</sup> The Board finds that the reports of Dr. Lowry to be insufficient to meet appellant's burden of proof, as they did not provide an adequate physiological explanation regarding the cause of appellant's diagnosed cervical and left upper extremity conditions.

Appellant also submitted diagnostic testing reports. While the EMG/NCV study report revealed left C6 cervical radiculopathy, moderate bilateral median neuropathy at the wrist consistent with CTS and moderate left ulnar neuropathy at the elbow, the report did not provide an opinion as to the cause of those conditions. Diagnostic studies are of limited probative value as they do not address whether the employment factors caused any of the diagnosed conditions.<sup>16</sup>

As appellant has not submitted rationalized medical evidence on the issue of causal relationship in support of his claim, 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.

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<sup>12</sup> *D.W.*, Docket No. 13-1873 (issued March 13, 2014).

<sup>13</sup> *Id.*

<sup>14</sup> *E.g., K.R.*, Docket No. 18-1388 (issued January 9, 2019).

<sup>15</sup> *See, e.g., A.J.*, Docket No. 18-1116 (issued January 23, 2019); *M.F.*, Docket No. 17-1973 (issued December 31, 2018); *J.B.*, Docket No. 17-1870 (issued April 11, 2018); *E.D.*, Docket No. 16-1854 (issued March 3, 2017); *P.O.*, Docket No. 14-1675 (issued December 3, 2015).

<sup>16</sup> *E.M.*, Docket No. 18-1599 (issued March 7, 2019).

**CONCLUSION**

The Board finds that appellant has not met his burden of proof to establish that his diagnosed cervical and left upper extremity conditions are causally related to the accepted factors of his federal employment.

**ORDER**

**IT IS HEREBY ORDERED THAT** the September 10, 2018 decision of the Office of Workers' Compensation Programs is affirmed.

Issued: May 3, 2019  
Washington, DC

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

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

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