



department for 12 years and in her current division for six years and that her injuries were due to continuously washing and drying blanks, extending her right arm to polish dyes and frequently inserting and removing metal cassettes daily for nine hours. Appellant explained that the repetitive motions caused pain and numbness in her right shoulder and arm. She indicated that she first became aware of her injury on September 20, 2018 and first realized its relation to factors of her federal employment on October 4, 2018. Appellant did not stop work.

In an attached statement of even date, appellant provided that her duties required her to wash and dry blanks, polish dyes, and insert and remove metal cassettes weighing 10 to 15 pounds over her shoulder on a daily basis for 40 hours per week. She noted that she felt progressive pain extending from her right shoulder down to her elbow and informed her supervisor of her pain on October 4, 2018. Appellant explained that, despite resting her arm from October 5 to 8, 2019, the pain had not gone away and therefore she decided to report her injury to the health unit. She then went to see two health care providers who informed her that her injury was work related. Appellant noted that she was then in the process of finding a physician who specialized in occupational medicine in order to further evaluate her condition. She also attached a position description detailing her responsibilities and duties as a metal forming machine operator.

In an October 9, 2018 medical note, Francis Lau, a chiropractor, reported that appellant presented with pain in her right shoulder, rotator cuff, and chest and noted numbness in her right arm. Upon consultation and evaluation, he opined that appellant's injuries were work related.

In an October 10, 2018 medical note, Dr. Mark Savant, Board-certified in internal medicine, opined that the injuries to appellant's right shoulder and arm were repetitive stress injuries from work.

In duty status reports (Form CA-17) dated October 17 and 24, 2018, Dr. Nance Wiese, Board-certified in occupational medicine, diagnosed a repetitive strain of the right upper extremity. She noted pain in appellant's right shoulder and provided her with work restrictions.

In a development letter dated November 1, 2018, OWCP informed appellant that the evidence submitted was insufficient to establish her claim. It advised her of the type of medical evidence needed to establish her claim. OWCP specifically requested that appellant submit a comprehensive narrative medical report from her treating physician that included a diagnosis<sup>2</sup> and a reasoned explanation as to how specific work factors and/or incidents caused or contributed to the diagnosed condition(s). It afforded her 30 days to submit the necessary evidence.

In response, appellant provided multiple Form CA-17 reports from Dr. Wiese dating from November 6, 2018 to January 14, 2019. These reports again noted a diagnosis of a repetitive strain of the right upper extremity and updates for her work restrictions during that period of time. Dr. Wiese also noted that appellant began occupational and physical therapy to treat her condition.

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<sup>2</sup> The Board notes that OWCP notified appellant in its November 1, 2018 development letter that the diagnoses provided on the October 17 and 24, 2018 Form CA-17s were illegible.

By decision dated January 15, 2019, OWCP denied appellant's claim, finding that the evidence submitted was insufficient to establish that her condition was causally related to the accepted factors of her federal employment.

In an October 17, 2018 attending physician's report (Form CA-20), Dr. Wiese noted that appellant was experiencing pain and restriction in her right shoulder and elbow due to a changed work process that increased the use of her right arm. She diagnosed a strained right shoulder, right lateral epicondylitis, and medial left epicondylitis. Dr. Wiese checked a box marked "yes" indicating appellant's conditions were caused or aggravated by her employment activity and explained that her conditions were due to her usual and customary work duties.

In medical reports dated October 17, 2018 to January 14, 2019, Dr. Wiese noted the history of appellant's conditions. She indicated that appellant experienced pain when raising and lowering her right shoulder and arm. Dr. Wiese also noted that appellant's work duties changed in mid-2017 and that the new work process increased the repetitive work performed using her right arm because the "coin mold gets dirty more frequently." When she worked under the old process her pain decreased, but when she resumed performance her job duties under the new process her symptoms returned. Dr. Wiese explained that appellant's work duties included washing and drying metal blanks for roughly 1,250 strokes per shift, polishing metal dies with her right index finger an average of 120 times per shift, and removing 15-pound metal cassettes from the press approximately 10 to 48 times per shift. She also noted that appellant's pain had improved with occupational and physical therapy. Based on this information and her evaluation, Dr. Wiese opined that appellant's conditions were caused by the repetitive washing and drying of metal blanks and repetitively moving 15-pound cassettes from above shoulder height when performing her duties as a metal forming machine operator and opined that her conditions were consistent with this mechanism of injury.

Appellant, on March 5, 2019, requested reconsideration of OWCP's January 15, 2019 decision. She asserted that the new medical evidence she had submitted was sufficient to establish her burden of proof.

In a medical report dated February 15, 2019, Dr. Wiese again noted her prior treatment of appellant's conditions and opined that they were caused by cumulative trauma due to repetitively washing and drying metal blanks, polishing metal dyes, and removing 15-pound metal cassettes from the press. She explained that the constant pushing and pulling motion of the arm and forceful fine movement of the right hand increases the biomechanical stress on the tendons and shoulder causing pain and inflammation. Dr. Wiese concluded that the right shoulder strain and elbow epicondylitis were a direct result of appellant's work activities and consistent with the mechanism of injury provided.

By decision dated May 14, 2019, OWCP affirmed its January 15, 2019 merit decision.

## 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 period of FECA,<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 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 the following: (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 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.<sup>7</sup>

Causal relationship is a medical issue, and the medical evidence required to establish causal relationship is rationalized medical evidence.<sup>8</sup> 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 employee.<sup>9</sup> Neither the mere fact that a disease or condition manifests itself during a period of employment nor the belief that the disease or condition was caused or aggravated by employment factors or incidents is sufficient to establish causal relationship.<sup>10</sup>

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

<sup>4</sup> *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).

<sup>5</sup> *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).

<sup>6</sup> *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).

<sup>7</sup> *C.D.*, Docket No. 17-2011 (issued November 6, 2018); *Jacquelyn L. Oliver*, 48 ECAB 232, 235-36 (1996).

<sup>8</sup> *E.V.*, Docket No. 18-1617 (issued February 26, 2019); *A.M.*, Docket No. 18-0685 (issued October 26, 2018).

<sup>9</sup> *E.V.*, *id.*

<sup>10</sup> *B.J.*, Docket No. 19-0417 (issued July 11, 2019).

## ANALYSIS

The Board finds that the case is not in posture for decision.

In support of her claim appellant submitted a February 15, 2019 report from Dr. Wiese. In her report, Dr. Wiese noted the history of treatment provided to appellant and accurately described the accepted employment factors. She indicated that appellant's right shoulder strain and elbow epicondylitis were caused by cumulative trauma due to repetitively washing and drying metal blanks, polishing metal dyes, and removing 15-pound metal cassettes from the press. In support of her opinion, Dr. Wiese explained that the constant pushing and pulling motion of the arm and forceful fine movement of the right hand increases the biomechanical stress on the tendons and shoulder causing pain and inflammation. She concluded that appellant's right shoulder strain and elbow epicondylitis were a direct result of appellant's work activities and consistent with the mechanism of injury provided.

The Board finds that the February 15, 2019 report of Dr. Wiese is sufficient to require further development of the medical evidence to see that justice is done.<sup>11</sup> Dr. Wiese is a Board-certified physician who is qualified in her field of medicine to render rationalized opinions on the issue of causal relationship and she provided a comprehensive and convincing review of the medical record and case history. It is further found that she provided a comprehensive and convincing pathophysiological explanation as to how the mechanism of the accepted employment factors was sufficient to cause the diagnosed conditions. The Board has long held that it is unnecessary that the evidence of record in a case be so conclusive as to suggest causal connection beyond all possible doubt. Rather, the evidence required is only that necessary to convince the adjudicator that the conclusion drawn is rational, sound and logical.<sup>12</sup> Following review of Dr. Wiese's February 15, 2019 report, it is found that her medical opinion is well rationalized and logical and is therefore sufficient to require further development of appellant's claim.

It is well established that proceedings under FECA are not adversarial in nature and, while appellant has the burden of proof to establish entitlement to compensation, OWCP shares responsibility in the development of the evidence.<sup>13</sup> It has an obligation to see that justice is done.<sup>14</sup>

On remand OWCP shall refer appellant to an appropriate specialist, along with the case record and a statement of accepted facts. Its referral physician shall provide a well-rationalized opinion as to whether appellant's diagnosed medical conditions are causally related to the accepted employment factors. If the physician opines that the diagnosed conditions are not causally related to the factors of appellant's employment factors, he or she must explain with rationale how or why

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<sup>11</sup> *D.S.*, Docket No. 17-1359 (issued May 3, 2019); *X.V.*, Docket No. 18-1360 (issued April 12, 2019); *C.M.*, Docket No. 17-1977 (issued January 29, 2019); *William J. Cantrell*, 34 ECAB 1223 (1983).

<sup>12</sup> *W.M.*, Docket No. 17-1244 (issued November 7, 2017); *E.M.*, Docket No. 11-1106 (issued December 28, 2011); *Kenneth J. Deerman*, 34 ECAB 641, 645 (1983) and cases cited therein).

<sup>13</sup> See *C.C.*, Docket No. 18-1453 (issued January 28, 2020); *Jimmy A. Hammons*, 51 ECAB 219, 223 (1999).

<sup>14</sup> See *B.C.*, Docket No. 15-1853 (issued January 19, 2016).

their opinion differs from that of appellant's selected physician. After such further development of the case record as OWCP deems necessary, it shall issue a *de novo* decision.

**CONCLUSION**

The Board finds that the case is not in posture for decision.

**ORDER**

**IT IS HEREBY ORDERED THAT** the May 14, 2019 merit decision of the Office of Workers' Compensation Programs is set aside and the case is remanded for further proceedings consistent with this decision of the Board.

Issued: March 12, 2020  
Washington, DC

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

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

Janice B. Askin, Judge  
Employees' Compensation Appeals Board