

computer. He indicated that he first became aware of his condition and its relationship to his federal employment on June 25, 2019. Appellant stopped work on that date and returned to work on July 9, 2019.

In a report dated June 28, 2019, Dr. Edmund Galal, Board-certified in orthopedic surgery and orthopedic sports medicine, indicated that he had examined appellant for complaints of right thumb pain. Appellant recounted to Dr. Galal that his right thumb pain began on June 25, 2019 and that it had occurred due to overuse at work. On physical examination of the right wrist and hand Dr. Galal observed tenderness to palpation and pain with movement at the right thumb carpometacarpal (CMC) joint. An x-ray performed on that date demonstrated unremarkable soft tissues and no evidence of significant arthritic changes or acute fractures. Dr. Galal diagnosed right thumb CMC pain without significant degenerative changes demonstrated by x-ray, likely synovitis. He administered a steroid injection to the right thumb CMC joint.

On July 5, 2019 Dr. Galal noted that appellant's right thumb pain had somewhat improved after the injection. On physical examination of the right wrist and hand he observed tenderness to palpation over the CMC joint. Dr. Galal diagnosed right thumb CMC pain secondary to synovitis, noting no significant degenerative changes on x-ray. In a certificate of care of even date, he diagnosed right thumb CMC synovitis and recommended that appellant return to work on July 9, 2019.

In a development letter dated July 25, 2019, OWCP informed appellant that the evidence of record was insufficient to establish his claim. It advised him of the type of factual and medical evidence needed and provided a questionnaire for his completion. The questionnaire requested that appellant describe in detail the employment duties which he believed contributed to his condition and requested that he provide a physician's opinion, supported by medical rationale, as to how those duties caused or aggravated his medical condition. It afforded him 30 days to submit additional evidence and to respond to its inquiries.

On August 1, 2019 appellant completed the questionnaire. He explained that he used a computer to perform his employment duties five days per week, eight hours per day and that he sometimes lift boxes that weighed between 5 and 70 pounds.

In an August 26, 2019 report, Dr. Galal noted complaints of unchanged right wrist pain. On physical examination of the right wrist and hand he observed mild edema, diffuse tenderness to palpation, and limited range of motion secondary to pain. Dr. Galal diagnosed right wrist pain, noting minimal relief after steroid injection.

In a report dated September 12, 2019, Dr. Robert Yaghoubian, a Board-certified orthopedic hand surgeon, noted that appellant had a history of right basal joint osteoarthritis. On physical examination of the right wrist and hand he observed full range of motion, a positive grind test, and a positive shelf deformity. Dr. Yaghoubian indicated that x-rays previously obtained had demonstrated basal joint osteoarthritis. He also related that he had administered an additional steroid injection to treat appellant's condition.

By decision dated October 15, 2019, OWCP denied appellant's claim, finding that the medical evidence of record was insufficient to establish that his diagnosed condition was causally related to the accepted factors of his federal employment.

On November 12, 2019 appellant requested reconsideration of OWCP's October 15, 2019 decision. With his request, he resubmitted the June 28, July 5, and August 26, 2019 reports from Dr. Ganal, as well as the September 12, 2018 report from Dr. Yaghoubian.

On October 17, 2019 Dr. Yaghoubian treated appellant for right basal joint osteoarthritis. He noted that two steroid injections had provided no relief. Dr. Yaghoubian opined that appellant's condition was a work-related injury. On physical examination of the right hand and wrist he observed full range of motion of the wrist and thumb, with pain at the base of the right thumb and a positive grind test. Dr. Yaghoubian diagnosed right basal joint osteoarthritis.

In a letter dated November 4, 2019, Dr. Yaghoubian indicated that he had evaluated appellant most recently on October 17, 2019. He explained that appellant's federal employment included duties of repetitive use of the hand, wrist, and fingers to operate a computer. Appellant experienced "insidious onset of severe pain to the right hand/wrist on June 25, 2019 without direct trauma." Dr. Yaghoubian diagnosed right basal joint osteoarthritis. Steroid injections by Dr. Ganal and Dr. Yaghoubian provided minimal relief of symptoms. On physical examination Dr. Yaghoubian had observed significant tenderness to palpation about the basal joint without gross instability. He further observed a positive grind test and shelf examination. Dr. Yaghoubian noted that x-rays indicated evidence of basal joint osteoarthritis. He opined that, within reasonable medical probability, appellant's osteoarthritis was secondary to repetitive use as mandated by duties of his employment. Dr. Yaghoubian recommended right basal joint arthroplasty.

By decision dated February 10, 2020, OWCP denied modification of its decision of October 15, 2019.

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 of FECA, 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.³ 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.

To establish that an injury was sustained in the performance of duty in an occupational disease claim, a claimant must submit: (1) a factual statement identifying employment factors alleged to have caused or contributed to the presence or occurrence of the disease or condition;

² *Id.*

³ *C.K.*, Docket No. 19-1549 (issued June 30, 2020); *R.G.*, Docket No. 19-0233 (issued July 16, 2019); *Elaine Pendleton*, 40 ECAB 1143 (1989).

(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 diagnosed condition is causally related to the identified employment factors.⁴

Causal relationship is a medical question that requires rationalized medical opinion evidence to resolve the issue.⁵ 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 incident.⁶

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.⁷

ANALYSIS

The Board finds that appellant has not met his burden of proof to establish right thumb, hand, and wrist conditions causally related to the accepted factors of his federal employment.

On June 28, 2019 Dr. Ganal diagnosed right thumb CMC pain. On August 26, 2019 he diagnosed right wrist pain. Under FECA, the assessment of pain is not considered a diagnosis, as pain merely refers to a symptom of an underlying condition.⁸

In a report dated July 5, 2019, Dr. Ganal diagnosed right thumb CMC pain secondary to synovitis. In a certificate of care of even date, he diagnosed right thumb CMC synovitis. 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.⁹ As Dr. Ganal's

⁴ *L.D.*, Docket No. 19-1301 (issued January 29, 2020); *S.C.*, Docket No. 18-1242 (issued March 13, 2019); *Victor J. Woodhams*, 41 ECAB 345, 352 (1989).

⁵ *I.J.*, Docket No. 19-1343 (issued February 26, 2020); *T.H.*, 59 ECAB 388 (2008); *Robert G. Morris*, 48 ECAB 238 (1996).

⁶ *D.J.*, Docket No. 19-1301 (issued January 29, 2020).

⁷ Federal (FECA) Procedure Manual, Part 2 -- Claims, *Causal Relationship*, Chapter 2.805.3e (January 2013); *see L.C.*, Docket No. 19-1301 (issued January 29, 2020); *R.D.*, Docket No. 18-1551 (issued March 1, 2019).

⁸ *M.V.*, Docket No. 18-0884 (issued December 28, 2018). The Board has consistently held that pain is a symptom, not a compensable medical diagnosis. *See P.S.*, Docket No. 12-1601 (issued January 2, 2013); *C.F.*, Docket No. 08-1102 (issued October 10, 2008).

⁹ *D.C.*, Docket No. 19-1093 (issued June 25, 2020); *see L.B.*, Docket No. 18-0533 (issued August 27, 2018); *D.K.*, Docket No. 17-1549 (issued July 6, 2018).

reports did not offer any opinion on the cause of appellant's right wrist and hand conditions, they are of no probative value on the issue of causal relationship.¹⁰

On September 12, 2019 Dr. Yaghoubian noted that appellant had a history of right basal joint osteoarthritis. In a report dated October 17, 2019, he opined that appellant's condition was a work-related injury and diagnosed right basal joint osteoarthritis. However, Dr. Yaghoubian did not offer any rationale for this opinion relative to causal relationship. The Board held that medical opinion evidence should offer a medically-sound explanation of how the specific employment incident or work factors physiologically caused the injury.¹¹ On November 4, 2019 Dr. Yaghoubian opined that within reasonable medical probability, appellant's osteoarthritis was secondary to repetitive use as mandated by duties of his employment. As noted above, 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 medical evidence must provide a rationalized medical opinion that differentiates between the effects of the work-related injury or disease and the preexisting condition. As Dr. Yaghoubian did not specifically differentiate between appellant's preexisting condition and the effects of the accepted factors of appellant's federal employment, and he did not explain how appellant's employment duties aggravated his preexisting condition, his reports are insufficient to establish causal relationship.¹²

As appellant has not submitted rationalized medical evidence to establish that his diagnosed conditions were causally related to the accepted factors of his federal employment, the Board finds that he has not met his burden of proof.

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 right thumb, hand, and wrist conditions causally related to the accepted factors of his federal employment.

¹⁰ *Id.*

¹¹ *See H.A.*, Docket No. 18-1466 (issued August 23, 2019); *L.R.*, Docket No. 16-0736 (issued September 2, 2016).

¹² *Id.*

ORDER

IT IS HEREBY ORDERED THAT the February 10, 2010 decision of the Office of Workers' Compensation Programs is affirmed.

Issued: January 13, 2021
Washington, DC

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

Janice B. Askin, Judge
Employees' Compensation Appeals Board

Valerie D. Evans-Harrell, Alternate Judge
Employees' Compensation Appeals Board