

ISSUE

The issue is whether appellant has met her burden of proof to establish a right upper extremity condition causally related to the accepted factors of her federal employment.

FACTUAL HISTORY

On November 2, 2021 appellant, then a 31-year-old unit program coordinator, filed an occupational disease claim (Form CA-2) alleging that she developed carpal tunnel syndrome due to factors of her federal employment. She noted that she first became aware of her condition and realized its relation to her federal employment on September 20, 2021.

In an October 26, 2021 report, Dr. Ernesto Rubio, an internist, noted that appellant had experienced tingling in her hands, which she believed that was work related.

On November 3, 2021 OWCP received appellant's August 16, 2017 official position description, which described clerical duties including updating computer file systems.

In a development letter dated November 5, 2021, OWCP informed appellant of the deficiencies of her claim. It advised her of the type of factual and medical evidence necessary and provided a questionnaire for her completion. In a separate development letter of even date, OWCP requested that the employing establishment provide comments from a knowledgeable supervisor regarding the accuracy of appellant's allegations. It afforded both parties 30 days to respond.

Appellant submitted additional evidence. In a November 2, 2021 statement, she alleged that she experienced an onset of sharp right wrist pain on September 20, 2021, with a "pins and needles" sensation radiating through the wrist, elbow, shoulder, and into the center of her neck. Appellant contended that keyboarding and using a mouse were physically stressful as her workstation did not have an ergonomically correct keyboard, mouse, desk, chair, or foot pedal.

In statements dated November 2 and 11, 2021, appellant attributed the development of right carpal tunnel syndrome and right elbow, shoulder, and right-sided neck pain to using a computer keyboard and mouse for 40 hours a week. She noted that she had been diagnosed with de Quervain's tenosynovitis of the right hand in 2015 while working at an employing establishment facility in Japan. That condition had resolved with treatment within months of the diagnosis. Appellant described nonoccupational activities involving repetitive upper extremity motion of working out at a gym once per week, swimming once per month, engaging in social media for 30 to 60 minutes per day, and volunteering at an arts organization one hour per month.

X-rays of the right wrist and shoulder taken on November 15, 2021 were within normal limits. A right elbow x-ray taken on even date demonstrated a bone fragment within the joint space adjacent to the olecranon process indicative of an avulsion fracture.

In reports dated November 18, 2021, Dr. Hind Elsanousy, a family practitioner, diagnosed tendinitis of the right elbow and wrist, right carpal tunnel syndrome, and right shoulder bursitis/strain. She opined that these conditions had been caused by repetitive upper extremity motion while at work. Dr. Elsanousy prescribed medication, a right elbow brace, a right wrist splint, and ordered imaging studies. She recommended that appellant use an ergonomic keyboard

and wrist support. Dr. Elsanousy also noted work restrictions through December 3, 2021 limiting lifting to 10 pounds, no reaching above shoulder level, no carrying, and no pushing.

On November 23, 2021 OWCP received November 15, 2021 reports by Keshavan Kodandapani, a nurse practitioner.

By decision dated December 13, 2021, OWCP denied appellant's occupational disease claim, finding that the medical evidence of record was insufficient to establish causal relationship between her diagnosed conditions and the accepted factors of her federal employment.

LEGAL PRECEDENT

An employee seeking benefits under FECA³ 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 and that the claim was timely filed within the applicable time limitation period of FECA, that an injury was sustained 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.⁴ These are the essential elements of every compensation claim regardless of whether the claim is predicated on a traumatic injury or an occupational disease.⁵

OWCP's regulations define an occupational disease as "a condition produced by the work environment over a period longer than a single workday or shift."⁶ 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 diagnosed condition is causally related to the employment factors identified by the claimant.⁷

The evidence required to establish causal relationship is rationalized medical opinion evidence, based upon a complete factual and medical background, showing a causal relationship between the claimed condition and identified factors.⁸ The opinion of the physician must be based on a complete factual and medical background of the claim, must be one of reasonable medical certainty, and must be supported by medical rationale explaining the nature of the relationship

³ *Supra* note 1.

⁴ *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 *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 20 C.F.R. § 10.5(q).

⁷ *S.C.*, Docket No. 18-1242 (issued March 13, 2019); *R.H.*, 59 ECAB 382 (2008).

⁸ *A.M.*, Docket No. 18-1748 (issued April 4, 2019); *T.H.*, 59 ECAB 388 (2008).

between the diagnosed condition and specific employment activity or factors identified by the claimant.⁹

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.¹⁰

ANALYSIS

The Board finds that appellant has not met her burden of proof to establish a right upper extremity condition causally related to the accepted factors of her federal employment.

Dr. Rubio, in his November 2, 2021 report, noted that appellant believed that her bilateral hand tingling was work related, but did not offer an opinion as to whether her employment duties caused or aggravated any medical condition. 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.¹¹ As such, Dr. Rubio's report is insufficient to meet appellant's burden of proof.

In her November 18, 2021 reports, Dr. Elsanousy diagnosed tendinitis of the right elbow and wrist, right carpal tunnel syndrome, and right shoulder bursitis/strain. She prescribed medication, wrist and elbow braces, and ordered imaging studies. While Dr. Elsanousy opined that appellant's diagnosed conditions were related to repetitive upper extremity motion at work, she did not provide rationale explaining her conclusion. The Board has held that a report is of limited probative value regarding causal relationship if it does not contain medical rationale explaining how a given medical condition/disability was related to employment factors.¹² As such, these reports are insufficient to establish appellant's claim.

OWCP also received November 15, 2021 reports by Mr. Kodandapani, a nurse practitioner. The Board has held that certain healthcare providers such as physician assistants and nurse practitioners are not considered physicians as defined under FECA.¹³ Consequently, their

⁹ *M.T.*, Docket No. 20-0184 (issued June 24, 2022); *M.V.*, Docket No. 18-0884 (issued December 28, 2018); *I.J.*, 59 ECAB 408 (2008); *A.D.*, 58 ECAB 149 (2006).

¹⁰ *L.B.*, Docket No. 20-0462 (issued August 18, 2020).

¹¹ *L.B.*, Docket No. 18-0533 (issued August 27, 2018); *D.K.*, Docket No. 17-1549 (issued July 6, 2018).

¹² *See Y.D.*, Docket No. 16-1896 (issued February 10, 2017) (finding that a report is of limited probative value regarding causal relationship if it does not contain medical rationale describing the relation between work factors and a diagnosed condition/disability).

¹³ Section 8102(2) of FECA provides as follows: (2) physician includes surgeons, podiatrists, dentists, clinical psychologists, optometrists, chiropractors, and osteopathic practitioners within the scope of their practice as defined by State law. 5 U.S.C. § 8102(2); 20 C.F.R. § 10.5(t). *See* Federal (FECA) Procedure Manual, Part 2 -- Claims, *Causal Relationship*, Chapter 2.805.3a(1) (January 2013) *David P. Sawchuk*, 57 ECAB 316, 320 n.11 (2006) (lay individuals such as physician assistants, nurses, and physical therapists are not competent to render a medical opinion under FECA); *see also J.D.*, Docket No. 21-0164 (issued June 15, 2021) (nurse practitioners are not considered physicians as defined under FECA).

medical findings and/or opinions will not suffice for purposes of establishing entitlement to FECA benefits. Thus, this evidence is of no probative value and is insufficient to establish appellant's recurrence claim.

The remaining evidence of record consists of diagnostic study reports. The Board has held, however, that diagnostic studies, standing alone, lack probative value on the issue of causal relationship as they do not address whether the accepted employment factors caused the diagnosed conditions.¹⁴ Thus, this evidence is also insufficient to establish appellant's claim.

As the medical evidence of record is insufficient to establish a right upper extremity condition causally related to factors of her federal employment, the Board finds that she has not met her burden of proof to establish her occupational disease 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 her burden of proof to establish a right upper extremity condition causally related to the accepted factors of her federal employment.

¹⁴ *R.S.*, Docket No. 19-1774 (issued April 3, 2020); *J.P.*, Docket No. 19-0216 (issued December 13, 2019).

ORDER

IT IS HEREBY ORDERED THAT the December 13, 2021 decision of the Office of Workers' Compensation Programs is affirmed.

Issued: November 10, 2022
Washington, DC

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

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

James D. McGinley, Alternate Judge
Employees' Compensation Appeals Board