

weakness in the right arm, with tingling and numbness; sharp pain when reaching with the right arm; and reduced strength in her right arm and hands as a result of her federal employment duties, which required repetitive use of her arms and hands. She noted that she first became aware of her condition on October 16, 2019 and realized its relation to her federal employment on August 12, 2020.

A magnetic resonance imaging (MRI) scan of appellant's right shoulder obtained on August 4, 2020 demonstrated chronic nondisplaced inferior labral tear, a hook-like acromion with high grade tendinopathy versus partial thickness tears of the supraspinatus and infraspinatus tendons, and a teres minor strain.

In a report dated August 19, 2020, Dr. Kurt Schluntz, a Board-certified orthopedic surgeon, diagnosed an incomplete tear of the right rotator cuff. He noted that appellant had a cyst off the inferior labrum appearing chronic in nature with some degeneration of the inferior labrum. Dr. Schluntz stated that her more major problem was moderate tendinosis and external surface partial thickness tearing of the supraspinatus tendon from a large anterolateral spur.

In a development letter dated September 21, 2020, OWCP informed appellant that the evidence submitted was insufficient to establish her claim. It advised her of the type of medical evidence needed and afforded appellant 30 days to respond.

In a chronological record of medical care dated August 12, 2020, Dr. Sharda Katyal, Board-certified in occupational medicine, diagnosed chronic nondisplaced inferior labral tear, a hook-like acromion with high grade tendinopathy versus partial thickness tears of the supraspinatus and infraspinatus tendons, and a teres minor strain. The cause of the injury was described as "other and unspecified overexertion or strenuous movements or postures."

In a letter dated October 15, 2020, Dr. Katyal noted that appellant presented to him with right shoulder pain. He diagnosed chronic nondisplaced inferior labral tear, a hook-like acromion with high grade tendinopathy, partial thickness tears of the supraspinatus and infraspinatus tendons, and a teres minor strain. Dr. Katyal described duties of appellant's employment involving repetitive use of the right upper extremity. He opined that there was no question that her diagnosed right shoulder condition and others were absolutely and causally related to her current disease and injury, as she worked at the employing establishment for the past 15 years.

By decision dated November 13, 2020, OWCP denied appellant's occupational disease claim, finding that the evidence of record was insufficient to establish causal relationship between the accepted factors of her federal employment and her diagnosed right upper extremity conditions.

On November 12, 2020 appellant requested reconsideration and resubmitted the August 19, 2020 report of Dr. Schluntz. She also submitted general medical information relating to exposure to arm elevation and occupation-related musculoskeletal disorders among dental professionals.

By decision dated November 29, 2021, OWCP reviewed the merits of appellant's claim and denied modification of its November 13, 2020 decision.

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) 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

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.

In a chronological record of medical care dated August 12, 2020, Dr. Katyal diagnosed chronic nondisplaced inferior labral tear, a hook-like acromion with high grade tendinopathy versus partial thickness tears of the supraspinatus and infraspinatus tendons, and a teres minor strain. The cause of the injury was described as “other and unspecified overexertion or strenuous movements or postures.” In a letter dated October 15, 2020, Dr. Katyal noted that appellant presented to him with right shoulder pain. He diagnosed chronic nondisplaced inferior labral tear, a hook-like acromion with high grade tendinopathy, partial thickness tears of the supraspinatus and infraspinatus tendons, and a teres minor strain. Dr. Katyal described duties of appellant’s

² *Supra* note 1.

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).

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).

employment involving repetitive use of the right upper extremity. He opined that there was no question that her diagnosed conditions were absolutely and causally related to her current disease and injury, as she worked at the employing establishment for the past 15 years. While Dr. Katyal provided an opinion as to the cause of appellant's diagnosed right upper extremity conditions, he did not support his opinion with medical rationale explaining how appellant's work duties caused her claimed conditions. Without explaining how, physiologically, the specific movements involved in appellant's job caused, contributed to, or aggravated the specific diagnosed conditions, their opinions in these reports are of limited probative value and insufficient to establish the claim.⁷

On August 19, 2020 Dr. Schluntz diagnosed an incomplete tear of the right rotator cuff. He noted that appellant had a cyst off the inferior labrum appearing chronic in nature with some degeneration of the inferior labrum. Dr. Schluntz stated that her more major problem was moderate tendinosis and external surface partial thickness tearing of the supraspinatus tendon from a large anterolateral spur. 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.⁸ As such, these reports are insufficient to establish appellant's claim.

An MRI scan of appellant's right shoulder obtained on August 4, 2020 demonstrated chronic nondisplaced inferior labral tear, a hook-like acromion with high grade tendinopathy versus partial thickness tears of the supraspinatus and infraspinatus tendons, and a teres minor strain. The Board has held that diagnostic test reports, standing alone, lack probative value as they do not provide an opinion on causal relationship between the claimed employment factors and a diagnosed condition.⁹

As the record lacks rationalized medical evidence establishing causal relationship between appellant's claimed conditions and the accepted factors of her federal employment, the Board finds that she has not met her burden of proof to establish her 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.

⁷ See *T.F.*, Docket No. 20-0260 (issued June 12, 2020); *D.J.*, Docket No. 18-0694 (issued March 16, 2020); *K.G.*, Docket No. 18-1598 (issued January 7, 2020); *K.O.*, Docket No. 18-1422 (issued March 19, 2019).

⁸ *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).

⁹ *Id.*

ORDER

IT IS HEREBY ORDERED THAT the November 29, 2021 decision of the Office of Workers' Compensation Programs is affirmed.

Issued: October 13, 2022
Washington, DC

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

Janice B. Askin, Judge
Employees' Compensation Appeals Board

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