United States Department of Labor
Employees' Compensation Appeals Board

A.W., Appellant	)	
and	)	
DEPARTMENT OF VETERANS AFFAIRS, SHERIDAN VA MEDICAL CENTER, Sheridan, WY, Employer	)	**Docket No. 22-0265** **Issued: September 23, 2022**

Appearances:
Appellant, pro se
Office of Solicitor, for the Director

Case Submitted on the Record

DECISION AND ORDER

Before:
JANICE B. ASKIN, Judge
VALERIE D. EVANS-HARRELL, Alternate Judge
JAMES D. McGINLEY, Alternate Judge

JURISDICTION

On December 12, 2021 appellant filed a timely appeal from a November 15, 2021 merit decision of the Office of Workers' Compensation Programs (OWCP). Pursuant to the Federal Employees' Compensation Act[1] (FECA) and 20 C.F.R. §§ 501.2(c) and 501.3, the Board has jurisdiction over the merits of this case.

ISSUE

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

FACTUAL HISTORY

On January 12, 2021 appellant, then a 69-year-old social worker, filed an occupational disease claim (Form CA-2) alleging that she developed right carpal tunnel syndrome (CTS) due to

[1] 5 U.S.C. § 8101 *et seq*.

factors of her federal employment including repetitive data entry on a laptop computer. She noted that she first became aware of her condition and realized its relationship to her federal employment on September 21, 2020. Appellant did not stop work.

In a development letter dated January 21, 2021, OWCP advised appellant of the deficiencies of her claim. It explained the type of additional evidence needed and provided a questionnaire for her completion. OWCP afforded appellant 30 days to respond.

On January 25, 2021 OWCP received a September 22, 2020 report by Dr. Brian Darnell, an osteopath Board-certified in family practice. Dr. Darnell noted appellant's symptoms of right wrist pain with tingling in the third and fourth fingers, and that she had previously undergone surgery for right CTS. He also noted that appellant had sustained injuries to the right lower extremity, right shoulder, and left wrist when she fell in an airport in 2012, and had undergone several orthopedic surgeries. On examination, Dr. Darnell found full range of right wrist motion. He diagnosed right CTS and prescribed a wrist brace.

On January 25, 2021 OWCP also received a November 9, 2020 report by Dr. Jennifer A. Rice, a Board-certified family practitioner, who observed full range of motion of the right wrist. Dr. Rice diagnosed right CTS and recommended that appellant continue to wear the wrist brace.

In a January 26, 2021 duty status report (Form CA-17), Dr. Darnell returned appellant to full-duty work, with keyboarding and fine manipulation up to eight hours a day.

In response, appellant submitted a January 26, 2021 statement noting that her assigned duties required keyboarding for several hours a day while updating documents and a handbook, and developing presentations and curricula. She noted that she had undergone right carpal tunnel surgery approximately 25 years previously. Appellant indicated that wearing a wrist brace helped to alleviate her symptoms.

By decision dated February 22, 2021, OWCP accepted that the identified employment factors were established. However, it denied appellant's occupational disease claim for right CTS, finding that the medical evidence of record was insufficient to establish that the diagnosed condition was causally related to the established employment factors. OWCP concluded, therefore, that the requirements had not been met to establish an injury and/or a medical condition causally related to the accepted employment factors.

OWCP continued to receive medical evidence. From March 23 through August 13, 2021, appellant submitted a series of reports by Dr. Monica L. Morman, a Board-certified orthopedic surgeon specializing in surgery of the hand. In a February 12, 2021 report, Dr. Morman noted that appellant had undergone a right median nerve release approximately 25 years previously, and had injured her left shoulder in a December 22, 2020 fall while at work.[2] On examination of the right wrist and hand, she observed restricted range of motion, a positive Tinel's sign at the wrist, an equivocal Finkelstein's maneuver, and some pain with resisted thumb extension. Dr. Morman obtained right wrist x-rays, which demonstrated generalized osteoporosis, mild narrowing of the

[2] On January 12, 2021 appellant filed a traumatic injury claim (Form CA-1) for a left shoulder injury sustained in a fall while teleworking on December 22, 2020. OWCP assigned OWCP File No. xxxxxx672.

radiocarpal and midcarpal joints, moderate degenerative change of the carpometacarpal (CMC) and interphalangeal (IP) joints of the right thumb, and moderate degenerative change of the scaphotrapezio-trapezoid (STT) joint in the right wrist. She diagnosed possible recurrent right CTS status-post mini-open carpal tunnel release 25 years previously. Dr. Morman opined that appellant had not injured her wrist in the December 22, 2020 fall. She prescribed physical therapy.

In Form CA-17 reports dated March 5 and 25, 2021, Dr. Morman diagnosed osteoarthritis of the right wrist. She returned appellant to full-duty work regarding the right wrist.

Dr. Morman indicated in a June 24, 2021 report that appellant had injured her right wrist in the December 2020 fall. She obtained x-rays of the right wrist, which demonstrated significant narrowing of the STT joint with degenerative changes in the CMC, metacarpophalangeal (MCP), and IP joints of the right thumb, mild diffuse osteopenia, and mild radiocarpal and midcarpal joint space narrowing. A right STT intra-articular injection had not relieved appellant's symptoms. On examination of the right hand and wrist, Dr. Morman observed a negative Finkelstein's maneuver, tenderness of the CMC joint of the thumb and STT joint, positive axial grind test of the thumb, paresthesias of the second, third and fourth fingers with direct compression of the median nerve, and positive Tinel's and Phalen's signs. She diagnosed primary osteoarthritis of the right first CMC joint, STT joint arthritis of the right wrist, and right CTS.

On July 21, 2021 Dr. Morman performed trapezial resection of the right thumb and wrist with Arthrex internal brace thumb metacarpal suspensionplasty, right wrist partial trapezoid excision, and revision of right wrist open carpal tunnel release.

On August 17, 2021 appellant requested reconsideration. In a September 1, 2021 statement, she noted that her right carpal tunnel symptoms had resolved following a median nerve release in 1993 but recurred after she began work at the employing establishment in August 2019. Appellant attributed the claimed right CTS to repetitive hand and wrist movements while keyboarding intake assessments, chart notes, case management notes, safety plans, risk evaluations, treatment plans, and updates. After the COVID-19 pandemic began, her duties expanded to include additional typing tasks while developing curricula, revising a handbook, and editing documents.

Appellant submitted additional medical evidence.

In a January 11, 2021 report, Dr. Rice noted that appellant had experienced some symptomatic improvement when wearing the right wrist brace but that her symptoms had recently increased. Appellant underwent a right wrist STT joint injection on January 12, 2021.

An electromyogram and nerve conduction velocity (EMG/NCV) study of the right upper extremity performed on March 4, 2021 demonstrated no active neuropathy or radiculopathy.

In a March 25, 2021 report, Dr. Morman noted the gradual onset of right wrist pain in September 2020, unrelated to the December 22, 2020 fall. On examination of the right wrist, she found tenderness to palpation along the volar aspect of the STT joint with mild tenderness at the CMC joint of the thumb. Dr. Morman diagnosed primary osteoarthritis of the right wrist.

On April 9, 2021 appellant underwent an intra-articular injection of the right STT joint.

In reports dated August 5, 2021, Dr. Morman noted treating appellant for "work-related right thumb CMC joint derangement for which she underwent surgical intervention on July 21, 2021." She opined that appellant could no longer safely perform cardiopulmonary resuscitation (CPR) training or similar physical activities due to her left upper extremity issues and recent right-hand surgery. Dr. Morman limited fine manipulation and keyboarding to four hours per day.

Appellant also submitted telework request forms, and physical therapy treatment notes dated from April 8 through September 3, 2021.

By decision dated November 15, 2021, OWCP denied modification of the prior decision.

LEGAL PRECEDENT

An employee seeking benefits under FECA[3] has the burden of proof to establish the essential elements of his or her claim, including that the individual is an employee of the United States within the meaning of FECA, that the claim was filed within the applicable time limitation period of FECA,[4] that an injury was sustained while 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.[5] 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.[6]

In an occupational disease claim, appellant's burden of proof requires submission of 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 employee.[7]

Causal relationship is a medical issue, and the medical evidence required to establish causal relationship is rationalized medical opinion evidence.[8] The opinion of the physician must be based on a complete factual and medical background of the claimant, must be one of reasonable medical

[3] *Supra* note 1.

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

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

[6] *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).

[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 24, 2019); *T.H.*, 59 ECAB 388 (2008).

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.[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 medical condition causally related to the accepted factors of her federal employment.

In reports dated September 22, 2020 and January 26, 2021, Dr. Darnell diagnosed right carpal tunnel syndrome with a prior history of the condition and surgical release. Dr. Rice, in reports dated November 9, 2020 and January 11, 2021, diagnosed right carpal tunnel syndrome with STT joint pain. Neither physician, however, addressed causal relationship. The Board has held that medical reports lacking an opinion on causal relationship are of no probative value.[11] Therefore, this evidence is insufficient to establish appellant's burden of proof.

Dr. Morman, in reports dated from February 12 through August 5, 2021, provided clinical findings and noted the results of imaging and diagnostic studies. She diagnosed recurrent right CTS with prior surgical release, osteoarthritis of the right wrist and first CMC joint, and STT joint arthritis of the right wrist. On July 21, 2021 Dr. Morman performed trapezial resection of the right thumb and wrist with thumb metacarpal suspensionplasty, right wrist partial trapezoid excision, and revision of right carpal tunnel release.

Dr. Morman noted on February 12 and March 25, 2021 that appellant had not injured her right wrist in a December 22, 2020 fall, as her symptoms had progressed gradually commencing in September 2020. Dr. Morman, however, indicated in a June 24, 2021 report that appellant had injured her right wrist in the December 22, 2020 fall. The equivocal nature of her opinion diminishes its probative value.[12] Therefore, these reports are insufficient to establish appellant's burden of proof.

OWCP also received an EMG/NCV study of the right wrist. The Board has held that diagnostic reports, standing alone, lack probative value on the issue of causal relationship as they

[9] *E.B.*, Docket No. 22-0149 (issued April 26, 2022); *M.V.*, Docket No. 18-0884 (issued December 28, 2018); *I.J.*, 59 ECAB 408 (2008).

[10] Federal (FECA) Procedure Manual, Part 2 -- Claims, *Causal Relationship*, Chapter 2.805.3e (January 2013); *N.H.*, Docket No. 21-1133 (issued February 25, 2022); *J.D.*, Docket No. 20-0404 (issued July 22, 2020); *K.G.*, Docket No. 18-1598 (issued January 7, 2020); *M.S.*, Docket No. 19-0913 (issued November 25, 2019).

[11] *E.B.*, *supra* note 9; *L.B.*, Docket No. 18-0533 (issued August 27, 2018); *D.K.*, Docket No. 17-1549 (issued July 6, 2018).

[12] *P.T.*, Docket No. 21-0110 (issued December 8, 2021); *see M.K.*, Docket No. 21-0520 (issued August 23, 2021).

do not provide an opinion as to whether the accepted employment factors caused a diagnosed condition.[13] Consequently, this diagnostic report is also insufficient to establish appellant's claim.

As the record does not contain rationalized medical opinion evidence sufficient to establish causal relationship, the Board finds that appellant has not met her 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 her burden of proof to establish a medical condition causally related to the accepted employment factors.

ORDER

IT IS HEREBY ORDERED THAT the November 15, 2021 decision of the Office of Workers' Compensation Programs is affirmed.

Issued: September 23, 2022
Washington, DC

Janice B. Askin, Judge
Employees' Compensation Appeals Board

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

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

[13] *E.B.*, *supra* note 9; *S.W.*, Docket No. 21-1105 (issued December 17, 2021); *W.L.*, Docket No. 20-1589 (issued August 26, 2021); *A.P.*, Docket No. 18-1690 (issued December 12, 2019).