



## **FACTUAL HISTORY**

On September 22, 2021 appellant, then a 46-year-old biological science technician, filed an occupational disease claim (Form CA-2) alleging bilateral “stiffness and pain” in hands and joints due to factors of her federal employment. She noted that she had to open jars “a different way” and wrap her joints to minimize stress and pain on the affected areas. Appellant indicated that she first became aware of the conditions on July 19, 2021 and she subsequently became aware of the relationship to her federal employment on August 17, 2021. On the reverse side of the claim form, the employing establishment indicated that she first reported her condition on August 17, 2021.

Appellant submitted a narrative statement on September 22, 2021. She indicated noticing pain in her distal interphalangeal joint on the third finger of her left hand on July 19, 2001 while opening jars at work. Appellant further described bilateral hand pain in April 2019 after using a power washer and that she was successfully treated with occupational therapy. She related that the pain briefly returned in June 2020 after opening hundreds of jars in the course of her employment.

In a development letter dated October 26, 2021, OWCP advised appellant of the deficiencies in her claim. It indicated that the evidence provided was insufficient to establish that she actually experienced the employment factors alleged to have caused injury. OWCP also noted that there was no diagnosis of a condition, nor a physician’s opinion as to how the alleged employment factors resulted in a medical condition. It provided appellant a questionnaire to substantiate the factual elements of her claim. OWCP afforded her 30 days to respond.

On November 15, 2021 appellant was seen by Dr. Nicholas Cahoj, a Board-certified family medicine physician. She related left middle finger metacarpophalangeal and distal interphalangeal pain, bilateral hand pain, and tightness in bilateral forearms during a “summer project” that required repetitively opening and closing specimen jars. Appellant noted the pain began on July 1, 2021 and that it worsened with gripping. She further noted tingling in her hands, but felt her symptoms were improving. Dr. Cahoj diagnosed bilateral carpal tunnel syndrome and pain in left finger. He opined that appellant’s work was “likely” the prevailing factor for the left finger pain, and that the bilateral carpal tunnel syndrome was a preexisting condition aggravated by her work. Dr. Cahoj recommended restricted duty and referred her to occupational therapy.

An attending physician’s report (Form CA-20) by Dr. Cahoj dated November 15, 2021, reiterated his diagnosis. He checked a box marked “Yes” to the question of prior history or evidence of concurrent or preexisting injury, disease, or physical impairment, noting appellant’s prior bilateral carpal tunnel syndrome. Dr. Cahoj further checked a box marked “Yes” to the question of whether he believed that her condition was caused or aggravated by an employment activity, noting that the left finger pain was “likely” caused by repetitive activity and the preexisting bilateral carpal tunnel syndrome was aggravated by repetitive activity. He allowed appellant to resume regular duty with the modification of how she opened and closed jars. In a duty status report (Form CA-17) of even date, Dr. Cahoj reiterated his diagnosis and allowed her to resume work.

An x-ray report of the left third finger also dated November 15, 2021 by Dr. Patrik Leonard, a Board-certified diagnostic radiologist, showed no acute osseous or soft tissue abnormality appreciated radiographically.

On December 13, 2021 appellant was seen by Dr. Cahoj. Diagnosis now included radial styloid tenosynovitis. Dr. Cahoj opined that “work” was the prevailing factor for her left finger pain, the bilateral de Quervain’s tenosynovitis, and the preexisting bilateral carpal tunnel syndrome aggravation. He noted that work restrictions should remain the same.

In response to the development questionnaire sent to the employing establishment on October 26, 2021 appellant’s supervisor described appellant’s duties of moving and handling grain samples, opening and closing plastic jars for testing samples and moving them, computer and data entry, and cleaning her work area. The supervisor noted that the dates associated with appellant’s claim were during a time of maximum telework posture and thus appellant could not have been performing any task for a “sustained and prolonged” period.

Appellant submitted narrative statements in response to the employing establishment describing her injury and claim history, as well as additional information on her employment duties.

By decision dated December 21, 2021, OWCP denied appellant’s occupational disease claim, finding that she had not established that her diagnosed upper extremity conditions were causally related to the accepted employment factors.

On December 6, 2022 appellant requested reconsideration.

In an e-mail dated January 27, 2022, Dr. Cahoj reiterated his opinion that “work” was the prevailing factor for appellant’s finger pain and wrist tenosynovitis. He related that her negative x-ray supported a finding that preexisting arthritis was not causing her pain.

On September 1, 2022 appellant was seen by Dr. William D. Kossow, a Board-certified physiatrist. She related intermittent numbness in both hands and pain in the hands and forearms, and that occupational therapy did not improve it much. Appellant further related that she switched jobs two weeks prior, and she was already noting improvement in symptoms. Dr. Kossow diagnosed bilateral hand numbness with hand and forearm pain, overuse syndrome with muscular pain, and possible clinical bilateral carpal tunnel syndrome (median nerve irritation at wrist without nerve damage). He recommended continuing occupational therapy and believed that symptoms would improve since appellant’s new job required less repetitive movement and she was already noticing improvement.

By decision dated December 8, 2022, OWCP denied modification of its December 21, 2021 decision.

On December 20, 2022 appellant requested reconsideration.

In support of her claim, appellant submitted an electrodiagnostic study dated September 1, 2022 and signed by Dr. Kossow. Dr. Kossow indicated that there was no evidence of carpal tunnel

syndrome, cubital tunnel syndrome, cervical radiculopathy, nor any other peripheral nerve abnormally in either upper extremity.

OWCP also received an e-mail from Dr. Cahoj, dated December 21, 2022, addressed to appellant. Dr. Cahoj indicated that he had reviewed the decision from OWCP and did not have anything to add to change the opinion. He reiterated that work was the prevailing factor in appellant's finger pain. Dr. Cahoj added that overuse injuries can be difficult to prove, but physicians had to use their best judgment as to whether work was the prevailing factor.

Appellant submitted additional narrative statements describing the nature of her injury and claim history and her job duties.

By decision dated February 16, 2023, OWCP denied modification of its December 8, 2022 decision.

### **LEGAL PRECEDENT**

An employee seeking benefits under FECA<sup>2</sup> 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 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.<sup>3</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>4</sup>

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 by the claimant.<sup>5</sup>

Causal relationship is a medical question that requires rationalized medical opinion evidence to resolve the issue.<sup>6</sup> 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

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<sup>2</sup> *Id.*

<sup>3</sup> *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>4</sup> *B.H.*, Docket No. 20-0777 (issued October 21, 2020); *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>5</sup> *S.H.*, Docket No. 22-0391 (issued June 29, 2022); *T.W.*, Docket No. 20-0767 (issued January 13, 2021); *L.D.*, Docket No. 19-1301 (issued January 29, 2020); *S.C.*, Docket No. 18-1242 (issued March 13, 2019).

<sup>6</sup> *D.S.*, Docket No. 21-1388 (issued May 12, 2022); *I.J.*, Docket No. 19-1343 (issued February 26, 2020); *T.H.*, 59 ECAB 388 (2008); *Robert G. Morris*, 48 ECAB 238 (1996).

medical rationale explaining the nature of the relationship between the diagnosed condition and the specific employment factors.<sup>7</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>8</sup>

### ANALYSIS

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

Appellant submitted treatment notes from Dr. Cahoj dated from November 15, 2021 through December 12, 2022. On November 15, 2021 Dr. Cahoj diagnosed bilateral carpal tunnel syndrome and pain in left finger. He opined that appellant's work was "likely" the prevailing factor for the left finger pain, and that the bilateral carpal tunnel syndrome was a preexisting condition aggravated by appellant's work. The Board has held that medical opinions that suggests a condition was likely or possibly caused by work activities are speculative and equivocal, and have limited probative value.<sup>9</sup> On December 13, 2021 Dr. Cahoj further diagnosed radial styloid tenosynovitis. He further opined that, "work" was in fact the prevailing factor for appellant's left finger pain, the bilateral de Quervain tenosynovitis, and the preexisting bilateral carpal tunnel syndrome aggravation. Dr. Cahoj reiterated this opinion regarding causal relationship in a Form CA-17 of even date and in January 27, 2021 and December 21, 2022 e-mails. While he offered an opinion on the causal relationship between the diagnosed conditions and appellant's accepted employment factors, he did not provide a pathophysiological explanation as to how those factors either caused or contributed to her diagnosed conditions. 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 was physiologically related to accepted employment factors.<sup>10</sup> OWCP also received a Form CA-20 dated November 15, 2021 from Dr. Cahoj. Dr. Cahoj checked a box marked "Yes" to the question of whether he believed that appellant's condition was caused or aggravated by an employment activity, noting that the left finger pain was "likely" caused by repetitive activity and the preexisting bilateral carpal tunnel syndrome was aggravated by repetitive activity. The Board has held, however, that when a physician's opinion as to the cause of a condition consists only of a checkmark on a form, without further explanation or rationale, that opinion is of diminished probative value and is insufficient to establish a claim.<sup>11</sup> These reports from Dr. Cahoj therefore fail to establish the claim.

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<sup>7</sup> *D.S. id.; D.J.*, Docket No. 19-1301 (issued January 29, 2020).

<sup>8</sup> *T.M.*, Docket No. 22-0220 (issued July 29, 2022); *S.S.*, Docket No. 18-1488 (issued March 11, 2019); *see also J.L.*, Docket No. 18-1804 (issued April 12, 2019).

<sup>9</sup> *B.B.*, Docket No. 21-0284 (issued October 5, 2022); *J.W.*, Docket No. 18-0678 (issued March 3, 2020).

<sup>10</sup> *See K.K.*, Docket No. 22-0270 (issued February 14, 2023); *I.D.*, Docket No. 22-0848 (issued September 2, 2022); *V.T.*, Docket No. 18-0881 (issued November 19, 2018).

<sup>11</sup> *See A.C.*, Docket No. 21-0087 (issued November 9, 2021); *O.M.*, Docket No. 18-1055 (issued April 15, 2020); *Gary J. Watling*, 52 ECAB 278 (2001).

Appellant also submitted treatment notes from Dr. Kossow. On September 1, 2022 Dr. Kossow diagnosed bilateral hand numbness with hand and forearm pain, overuse syndrome with muscular pain, and possible clinical bilateral carpal tunnel syndrome (median nerve irritation at wrist without nerve damage). OWCP further received an electrodiagnostic study dated September 1, 2022 and signed by Dr. Kossow who indicated a confirmation that there was no evidence of carpal tunnel syndrome, cubital tunnel syndrome, cervical radiculopathy, nor any other peripheral nerve abnormally in either upper extremity. Dr. Kossow did not provide an opinion on causal relationship in any of these reports. 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.<sup>12</sup> These reports are therefore insufficient to establish appellant's claim.

An x-ray report of the left third finger also dated November 15, 2021, and signed by Dr. Leonard, showed no acute osseous or soft tissue abnormality appreciated radiographically. The Board has held that diagnostic studies, standing alone, lack probative value as they do not address whether the employment incident caused any of the diagnosed conditions.<sup>13</sup> Accordingly, this evidence is insufficient to establish appellant's claim.

As the medical evidence of record is insufficient to establish causal relationship between the diagnosed medical conditions and the accepted factors of appellant's federal employment, the Board finds that she 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 bilateral upper extremity conditions causally related to the accepted factors of her federal employment.

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<sup>12</sup> *D.K.*, Docket No. 21-0214 (issued September 29, 2021); *S.W.*, Docket No. 19-1579 (issued October 9, 2020); *see L.B.*, Docket No. 18-0533 (issued August 27, 2018); *D.K.*, Docket No. 17-1549 (issued July 6, 2018).

<sup>13</sup> *See C.S.*, Docket No. 22-0545 (issued March 22, 2023); *H.E.*, Docket No. 22-1129 (issued December 16, 2022); *M.S.*, Docket No. 22-0586 (issued July 12, 2022); *C.B.*, Docket No. 20-0464 (issued July 21, 2020).

**ORDER**

**IT IS HEREBY ORDERED THAT** the February 16, 2023 decision of the Office of Workers' Compensation Programs is affirmed.

Issued: December 26, 2023  
Washington, DC

Alec J. Koromilas, 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