

**United States Department of Labor
Employees' Compensation Appeals Board**

S.T., Appellant)	
)	
and)	Docket No. 22-1025
)	Issued: January 3, 2023
U.S. POSTAL SERVICE, SOUTHERN MAINE)	
CARRIER UNIT POST OFFICE, Portland, ME,)	
Employer)	
)	

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

Case Submitted on the Record

DECISION AND ORDER

Before:
PATRICIA H. FITZGERALD, Deputy Chief Judge
VALERIE D. EVANS-HARRELL, Alternate Judge
JAMES D. MCGINLEY, Alternate Judge

JURISDICTION

On June 28, 2022 appellant filed a timely appeal from a January 11, 2022 merit decision of the Office of Workers' Compensation Programs (OWCP). Pursuant to the Federal Employees' Compensation Act¹ (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 factors of her federal employment.

FACTUAL HISTORY

On June 23, 2021 appellant, then a 56-year-old mail handler, filed an occupational disease claim (Form CA-2) alleging that she sustained pain and swelling in her left thumb due to factors

¹ 5 U.S.C. § 8101 *et seq.*

of her federal employment, including repetitive grabbing of mail containers throughout each work shift. She noted that she first became aware of her condition and realized its relation to her federal employment on March 15, 2021. Appellant stopped work on June 23, 2021.

In an accompanying undated statement, appellant indicated that her current job involved culling magazines, a task which required constantly grabbing magazines, cutting straps, removing plastic wrap, and placing bundles of magazines into containers. She reported that she previously worked on an universal sorting system machine and constantly grabbed mail packages weighing up to 70 pounds.

In a June 23, 2021 development letter, OWCP notified appellant of the deficiencies of her claim. It advised her of the type of factual and medical evidence needed and provided a questionnaire for her completion. OWCP afforded appellant 30 days to submit the necessary evidence.

Appellant submitted a June 30, 2021 narrative report from Dr. Lucien Ouellette, a Board-certified orthopedic surgeon, who indicated that she reported developing left basilar thumb pain due to repetitive gripping and grabbing activities at work. Dr. Ouellette advised that, upon physical examination, appellant had a bony prominence at the base of the left thumb with tenderness, particularly along the palmar surface, and the pinch test on the left showed 5/5 strength accompanied by pain. He diagnosed arthrosis of the carpometacarpal (CMC) and scapho-trapezium-trapezoid (STT) joints of the left thumb with “first CMC flare.” Dr. Ouellette noted, “[t]his appears directly related to her repetitive work duties.”

In a June 30, 2021 attending physician’s report (Form CA-20), Dr. Ouellette listed the date of injury as March 15, 2021 and the history of injury as repetitive grabbing and lifting. He diagnosed osteoarthritis flare of the CMC joint of the left thumb and checked a box marked “Yes” to indicate that the diagnosed condition was caused or aggravated by the reported employment activity. Dr. Ouellette noted that appellant was partially disabled from March 15 through September 15, 2021.

In a June 30, 2021 duty status report (Form CA-17), Dr. Ouellette provided a diagnosis “due to injury” of osteoarthritis flare of the CMC joint of the left thumb. He indicated that appellant could return to work on June 30, 2021 with restrictions of no lifting, carrying, pushing, pulling, simple grasping, or fine manipulation.

Appellant submitted a July 11, 2021 response to the provided questionnaire in which she advised that her current job, which she started approximately a year and half prior, required her to reach forward to lift mail, turn her upper body to the side, and place the mail into a container. She indicated that her previous job required her to lift mail packages, weighing up to 70 pounds, from floor level up to waist level.

By decision dated July 27, 2021, OWCP accepted the employment factors implicated by appellant, including repetitively grabbing, lifting, and moving heavy mail packages and magazines. However, it denied her claim, finding that the medical evidence of record was insufficient to establish a diagnosed medical condition causally related to the accepted

employment factors. Consequently, OWCP found that appellant had not met the requirements to establish an injury as defined by FECA.

On August 22, 2021 appellant requested a telephonic hearing before a representative of OWCP's Branch of Hearings and Review.

Appellant submitted an August 5, 2021 work capacity evaluation (Form OWCP-5c) from Dr. Ouellette who advised that she was unable to return to her usual job, but could perform light-duty work with restrictions of no repetitive motion of her wrists or pinching with her fingers for more than three hours per day.

In an August 31, 2021 letter, Dr. Ouellette indicated that he first evaluated appellant on June 30, 2021 at which time he diagnosed CMC and STT osteoarthritis of the left thumb. He reported that, as of the date of his letter, she was cleared for return to her regular work duties. Dr. Ouellette indicated that the flare of appellant's arthrosis was due to repetitive gripping and grabbing activities over the past two years in her job, which required reaching out to her left side and pinching and grabbing mail while sorting. He advised that her left thumb pain substantially increased on March 15, 2021 without significant injury and that this pain caused a "sense of weakness" in her ability to grip and pinch. Dr. Ouellette opined that, although appellant's arthritis had likely been evolving on a long-term basis, the exacerbation of her pain appeared to be clearly linked to her work duties and should be fully covered by workers' compensation. He indicated, "[appellant] understands the need for long[-]term modifications in the use of her thumb in order to avoid future exacerbations and that these exacerbations would be tied to her regular insurance rather than workers' compensation."

In an August 31, 2021 Form OWCP-5c, Dr. Ouellette advised that appellant could perform her usual job without restrictions.

In a December 20, 2021 report, Dr. Ouellette indicated that in his prior reports he had used the term "flare" to describe acute onset of pain relative to the underlying arthrosis and that an arthrosis was a chronic, gradually evolving process in most individuals. He noted, "[i]n [appellant's] case, this was done while performing her work duties and is directly related to her work in the [employing establishment] that involves reaching out to her left side with pinching and grabbing of mail while sorting the mail." Dr. Ouellette opined that this repetitive gripping, grabbing, and pinching would overload the CMC and STT joints of the left thumb, resulting in appellant's painful symptoms. He asserted that her medical treatment should be "fully supported" by the workers' compensation process.

By decision dated January 11, 2022, OWCP's hearing representative affirmed the July 27, 2021 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

² *Id.*

United States within the meaning of FECA, that the claim was filed within the applicable time limitation period of FECA, 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.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.⁴

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 identified employment factors.⁵

Causal relationship is a medical question that requires rationalized medical opinion evidence to resolve the issue.⁶ A physician's opinion on whether there is causal relationship between the diagnosed condition and the implicated employment factor(s) must be based on a complete factual and medical background.⁷ Additionally, the physician's opinion must be expressed in terms of a reasonable degree of medical certainty, and must be supported by medical rationale explaining the nature of the relationship between the diagnosed condition and appellant's specific employment factor(s).⁸

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.

Appellant submitted a June 30, 2021 narrative report from Dr. Ouellette who indicated that she reported developing left basilar thumb pain due to repetitive gripping and grabbing activities at work. Dr. Ouellette detailed physical examination findings and diagnosed arthrosis of the CMC and STT joints of the left thumb with "first CMC flare." He noted, "[t]his appears directly related to her repetitive work duties." In a June 30, 2021 Form CA-17, Dr. Ouellette listed the date of injury as March 15, 2021 and provided a diagnosis "due to injury" of osteoarthritis flare of the

³ *E.S.*, Docket No. 18-1580 (issued January 23, 2020); *M.E.*, Docket No. 18-1135 (issued January 4, 2019); *C.S.*, Docket No. 08-1585 (issued March 3, 2009); *Bonnie A. Contreras*, 57 ECAB 364 (2006).

⁴ *E.S.*, *id.*; *S.P.*, 59 ECAB 184 (2007); *Joe D. Cameron*, 41 ECAB 153 (1989); *Elaine Pendleton*, 40 ECAB 1143 (1989).

⁵ *R.G.*, Docket No. 19-0233 (issued July 16, 2019). *See also Roy L. Humphrey*, 57 ECAB 238, 241 (2005); *Ruby I. Fish*, 46 ECAB 276, 279 (1994); *Victor J. Woodhams*, 41 ECAB 345 (1989).

⁶ *W.M.*, Docket No. 14-1853 (issued May 13, 2020); *T.H.*, 59 ECAB 388, 393 (2008); *Robert G. Morris*, 48 ECAB 238 (1996).

⁷ *M.V.*, Docket No. 18-0884 (issued December 28, 2018).

⁸ *Id.*; *Victor J. Woodhams*, *supra* note 5.

CMC joint of the left thumb. However, while Dr. Ouellette briefly mentioned appellant's work duties and related them to her present left thumb condition, he did not provide a detailed description of these work duties, particularly with respect to the extent they were performed over time. The Board has held that a report is of limited probative value regarding causal relationship if it does not contain medical rationale explaining how an employment activity could have caused or aggravated a medical condition.⁹ Therefore, this evidence is insufficient to establish the claim.

In a June 30, 2021 Form CA-20, Dr. Ouellette listed the date of injury as March 15, 2021 and the history of injury as repetitive grabbing and lifting. He diagnosed osteoarthritis flare of the CMC joint of the left thumb and checked a box marked "Yes" to indicate that the diagnosed condition was caused or aggravated by the reported employment activity.¹⁰ Dr. Ouellette provided no rationale for his opinion on causal relationship. The Board has held that when a physician's opinion on causal relationship consists only of checking "Yes" to a form question, without more by the way of medical rationale, that opinion is of limited probative value and is insufficient to establish causal relationship.¹¹ As such, this report is insufficient to establish the claim.

Appellant also submitted an August 31, 2021 report from Dr. Ouellette who indicated that the flare of her arthrosis was due to repetitive gripping and grabbing activities over the past two years in her job, which required reaching out to her left side and pinching and grabbing mail while sorting. Dr. Ouellette opined that, although appellant's arthritis had likely been evolving on a long-term basis, the exacerbation of her pain in March 2021 appeared to be clearly linked to her work duties. In a December 20, 2021 letter, he indicated that in his prior reports he had used the term "flare" to describe acute onset of pain relative to the underlying arthrosis and that an arthrosis was a chronic, gradually evolving process in most individuals. Dr. Ouellette noted, "[i]n [appellant's] case, this was done while performing her work duties and is directly related to her work in the [employing establishment] that involves reaching out to her left side with pinching and grabbing of mail while sorting the mail." He opined that this repetitive gripping, grabbing, and pinching would overload the CMC and STT joints, resulting in her painful symptoms. However, Dr. Ouellette did not provide a detailed description of appellant's work duties, nor did he sufficiently explain his finding that appellant's increased left thumb symptoms in March 2021 were not solely due to the natural progression of her preexisting arthritic condition. As noted above, the Board has held that a report is of limited probative value regarding causal relationship if it does not contain sufficient medical rationale explaining how an employment activity could have caused or aggravated a medical condition.¹² Therefore, this evidence is insufficient to establish the claim.

Appellant submitted an August 5, 2021 Form OWCP-5c from Dr. Ouellette who advised that she was unable to return to her usual job, but could perform light-duty work with restrictions of no repetitive motion of her wrists or pinching with her fingers for more than three hours per day. In an August 31, 2021 Form OWCP-5c, Dr. Ouellette advised that she could perform her

⁹ See *Y.D.*, Docket No. 16-1896 (issued February 10, 2017).

¹⁰ Dr. Ouellette noted that appellant was partially disabled from March 15 through September 15, 2021.

¹¹ *Id.*

¹² *Id.*

usual job without restrictions. However, these reports do not contain an opinion on the cause of appellant's diagnosed medical conditions. 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.¹³ Therefore, these reports are insufficient to establish the claim.

As the medical evidence of record is insufficient to establish a medical condition causally related to the accepted factors of federal employment, 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 factors of her federal employment.

ORDER

IT IS HEREBY ORDERED THAT the January 11, 2022 decision of the Office of Workers' Compensation Programs is affirmed.

Issued: January 3, 2023
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

¹³ See *L.B.*, Docket No. 18-0533 (issued August 27, 2018); *D.K.*, Docket No. 17-1549 (issued July 6, 2018).