

FACTUAL HISTORY

On July 6, 2022 appellant, then a 56-year-old information technology management specialist, filed an occupational disease claim (Form CA-2) alleging that he sustained a right-hand condition due to factors of his federal employment, including frequent keyboarding and repetitive gripping and squeezing when using computer repair tools. He noted that he first became aware of his condition and first realized its relation to factors of his federal employment on July 6, 2020. Appellant did not stop work.

In support of his claim, appellant submitted a July 6, 2020 report by Dr. Thomas J. Graham, a Board-certified orthopedic and hand surgeon. Dr. Graham recounted appellant's symptoms of the right long and ring fingers locking in the morning. On examination of the right hand, he observed classic stenosing tenosynovitis of the long and ring digits, with a mobile tumescence around the A1 pulley. Dr. Graham diagnosed a right ring trigger finger. He prescribed medication.

In a July 15, 2022 development letter, OWCP informed appellant of the deficiencies of his claim. It advised him of the type of factual and medical evidence necessary to establish his claim and provided a questionnaire for his 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.

In response, the employing establishment submitted a copy of appellant's official position description, and a statement confirming that his assigned duties in computer and network maintenance required the use of drills, pliers, manual and power screwdrivers, and other tools for 15 to 30 minutes at a time.

OWCP also received a September 20, 2021 report by Dr. Daniel B. Polatsch, a Board certified orthopedic and hand surgeon. Dr. Polatsch recounted appellant's symptoms of right long and ring finger triggering. On examination, he observed tenderness to palpation of the A1 pulley in the right long and ring fingers, a negative lift sign, full range of motion, and negative Tinel's and Phalen's tests. Dr. Polatsch obtained x-rays of both hands, which were within normal limits. He diagnosed tenosing tenosynovitis, otherwise known as a "trigger digit," of the right long and ring fingers. Dr. Polatsch administered an intra-articular injection to the right long and ring fingers. He noted that appellant may have an element of carpal tunnel syndrome because he had numbness in the right hand in the morning.

In a March 7, 2022 report, Dr. Polatsch noted that the September 20, 2021 intra-articular injections relieved appellant's symptoms for approximately four months, but that his symptoms of clicking and locking in the right long and ring fingers persisted. On examination, he noted poor active flexion of the right long finger with tenderness of the A1 pulley, and a slight proximal interphalangeal (PIP) joint contracture. Dr. Polatsch diagnosed right long and ring trigger fingers. He injected the right long finger.

By decision dated August 16, 2022, OWCP denied appellant's occupational disease claim, finding that the medical evidence of record was insufficient to establish a right-hand condition causally related to the accepted factors of his federal employment.

In an August 30, 2022 report, Dr. Steven Beldner, a Board-certified orthopedic and hand surgeon, recounted appellant's history of recurrent right long trigger finger. He noted that appellant believed his work in information technology, in particular pulling cables and using his right hand, aggravated his symptoms. On examination, Dr. Beldner observed swelling and tenderness at the A1 pulley of the right long finger, with locking on compression of the pulley. He noted an assessment of trigger long finger of the right hand, and recurrent right third trigger finger with stiffness. Dr. Beldner opined that appellant's right long trigger finger appeared to be aggravated by his work as an information technology technician. He asserted that as the condition was aggravated by appellant's profession, that it would fall under workers' compensation.

On August 31, 2022 appellant requested reconsideration.

By decision dated November 29, 2022, OWCP denied modification of its August 16, 2022 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 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,³ 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.⁴ 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.⁵

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.⁶

² *Supra* note 1.

³ *F.H.*, Docket No. 18-0869 (issued January 29, 2020); *J.P.*, Docket No. 19-0129 (issued April 26, 2019); *Joe D. Cameron*, 41 ECAB 153 (1989).

⁴ *L.C.*, Docket No. 19-1301 (issued January 29, 2020); *J.H.*, Docket No. 18-1637 (issued January 29, 2020); *James E. Chadden, Sr.*, 40 ECAB 312 (1988).

⁵ *P.A.*, Docket No. 18-0559 (issued January 29, 2020); *K.M.*, Docket No. 15-1660 (issued September 16, 2016); *Delores C. Ellyett*, 41 ECAB 992 (1990).

⁶ *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).

The medical evidence required to establish causal relationship between a claimed specific condition and an employment incident is rationalized medical opinion evidence.⁷ The opinion of the physician must be based on a complete factual and medical background of the employee, 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 specific employment factors.⁸

ANALYSIS

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

Dr. Graham, in his July 6, 2020 report, diagnosed a right ring trigger finger. Dr. Polatsch, in his September 20, 2021 and March 7, 2022 reports, diagnosed right ring and long trigger fingers, and in his September 20, 2021 report indicated possible right carpal tunnel syndrome. However, neither Dr. Graham nor Dr. Polatsch offered an opinion on causal relationship in their 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.⁹ As such, these reports are of no probative value and are insufficient to establish appellant's claim.

Dr. Beldner, in his August 30, 2022 report, diagnosed a right long trigger finger, and recurrent right long trigger finger with stiffness. He opined that the diagnosed condition was aggravated, or appeared to be aggravated by appellant's duties as an information technology technician. However, Dr. Beldner did not explain specifically how or why he believed that appellant's right long trigger finger condition was caused by specific duties of his federal employment. Without medical opinion evidence addressing the mechanics by which the accepted factors of appellant's federal employment would have resulted in the diagnosed condition, and offering a clear opinion that these duties were the cause of the condition, this report is insufficient to meet his burden of proof.¹⁰

As the medical evidence of record is insufficient to establish causal relationship between a right-hand condition and the accepted factors of federal employment, the Board finds that appellant has not met his 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.

⁷ *S.S.*, Docket No. 19-0688 (issued January 24, 2020); *A.M.*, Docket No. 18-1748 (issued April 24, 2019); *Robert G. Morris*, 48 ECAB 238 (1996).

⁸ *S.S.*, Docket No. 21-1318 (issued December 7, 2022); *T.L.*, Docket No. 18-0778 (issued January 22, 2020); *Y.S.*, Docket No. 18-0366 (issued January 22, 2020); *Victor J. Woodhams*, 41 ECAB 345, 352 (1989).

⁹ *S.S.*, *id.*; *L.B.*, Docket No. 18-0533 (issued August 27, 2018); *see D.K.*, Docket No. 17-1549 (issued July 6, 2018).

¹⁰ *S.S.*, *supra* note 8; *M.E.*, Docket No. 18-0940 (issued June 11, 2019); *see also L.F.*, Docket No. 14-1144 (issued August 14, 2015).

CONCLUSION

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

ORDER

IT IS HEREBY ORDERED THAT the November 29, 2022 decision of the Office of Workers' Compensation Programs is affirmed.

Issued: July 27, 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