

³ The Board notes that, following the issuance of the July 16, 2025 decision, OWCP received additional evidence. However, the Board's *Rules of Procedure* provides: "The Board's review of a case is limited to the evidence in the case record that was before OWCP at the time of its final decision. Evidence not before OWCP will not be considered by the Board for the first time on appeal." 20 C.F.R. § 501.2(c)(1). Thus, the Board is precluded from reviewing this additional evidence for the first time on appeal. *Id.*

ISSUE

The issue is whether appellant has met his burden of proof to establish a right upper extremity condition causally related to the accepted factors of his federal employment.

FACTUAL HISTORY

On October 30, 2024 appellant, then a 62-year-old mail handler, filed an occupation disease claim (Form CA-2) alleging that he sustained a right upper extremity condition as a result of prepping mail by cutting and removing cellophane wrapping from magazines and plastic straps from flat mail with his hands and loading flat mail into baskets with his right hand while in the performance of duty.⁴ He asserted that he experienced numbness, tingling in his right index finger and thumb that radiated to his right forearm and upper right arm, and soreness in his right upper arm. Appellant noted that he first became aware of his condition on February 15, 2024 and realized its relationship to his federal employment on October 29, 2024. He stopped work on October 29, 2024.

In a development letter dated October 31, 2024, 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. OWCP afforded 60 days to respond.

OWCP subsequently received medical evidence. Hospital records dated October 29, 2024 indicated that appellant was evaluated in an emergency department for complaints of intermittent numbness and tingling in the right arm six months following a workplace injury. Appellant reported that his symptoms had worsened on that date. Dr. Francis M. Sullivan, Board-certified in emergency medicine, evaluated appellant and noted his medical history and discussed his examination findings. He assessed “likely” distal right upper extremity neuropathy caused by repetitive motions at the employing establishment.

In an October 29, 2024 note, Dr. Matthew Klein, Board-certified in emergency medicine, advised that appellant may return to work on November 5, 2024.

In a duty status report (Form CA-17) dated November 1, 2024, Dr. Jackson M. Steinkamp, an attending internist, provided a history of injury that appellant’s repetitive movement of his right arm, wrist, and forearm involving his index finger and thumb caused numbness and tingling. He diagnosed numbness and suspected carpal tunnel syndrome (CTS) due to injury. Dr. Steinkamp released appellant to return to work with restrictions. A treatment note of even date from Dr. Steinkamp provided diagnoses of work-related CTS and numbness.

⁴ OWCP assigned the present claim OWCP File No. xxxxxx206. Appellant has prior claims before OWCP. Under OWCP File No. xxxxxx072, appellant filed a traumatic injury claim (Form CA-1) for a March 16, 2015 left hand injury. Under OWCP File No. xxxxxx717, OWCP accepted appellant’s March 5, 2016 traumatic injury claim for sprain of left ring finger and left ring trigger finger. Under OWCP File No. xxxxxx958, appellant filed a traumatic injury claim alleging that on March 14, 2018 he sustained a left elbow strain. Under OWCP File No. xxxxxx681, OWCP accepted appellant’s April 15, 2022 traumatic injury claim for trigger finger of an unspecified finger and trigger finger of left middle finger. OWCP has not administratively combined appellant’s claims.

In a November 5, 2024 attending physician's report (Form CA-20), Dr. Steinkamp reiterated appellant's history of injury that he loaded mail with repetitive arm/wrist motions. He reiterated his prior diagnosis of suspected CTS, and, also diagnosed neuropathy. Dr. Steinkamp opined that the diagnosed conditions were caused or aggravated by an employment activity, noting that generally repetitive arm/wrist motions exacerbate CTS. He further opined that appellant was partially disabled from work for the period November 1, 2024 through February 1, 2025. Dr. Steinkamp indicated that it was unknown when he could resume light- or regular-duty work.

In an undated report, Dr. Steinkamp released appellant to return to full-duty work with the restriction of primarily avoiding fine motor movements with his wrist and fingers. He noted that appellant "is continuing to undergo further testing but it seems his full-duty job that involves mostly left arm movement will be better than a job that requires significant usage of his right wrist and fine motor movements."

In a November 13, 2024 Form CA-17, Dr. Steinkamp diagnosed CTS and opined that appellant could resume his regular work as of November 12, 2024.

In a report of work status (Form CA-3), the employing establishment indicated that on November 14, 2024 appellant returned to full-time, regular-duty work with no restrictions.

On November 29, 2024 appellant requested an extension of time to respond to OWCP's October 31, 2024 development letter to schedule an appointment for an electromyogram to determine the degree of his CTS and a follow-up appointment with his primary care physician.

OWCP thereafter received an October 29, 2024 cervical spine x-ray, wherein Dr. Jonathan S. Movson, a Board-certified diagnostic radiologist, provided an impression of disc space narrowing at C5-6.

In a follow-up letter dated December 12, 2024, OWCP advised appellant that it had conducted an interim review, and the evidence remained insufficient to establish his claim. It noted that he had 60 days from the October 31, 2024 letter to submit the necessary evidence. OWCP further advised that if the necessary evidence was not received during this time, it would issue a decision based on the evidence contained in the record.

On December 23, 2024 appellant completed the development questionnaire and reiterated that he experienced soreness, numbness, tingling in his right upper arm, forearm, index finger, and thumb caused by the repetitive movements he performed while manually preparing mail with his right hand and forearm, five to six hours per day, five days per week. He noted his activities outside his federal employment and an upcoming medical appointment.

By decision dated January 28, 2025, OWCP denied appellant's occupational disease claim, finding that the evidence of record was insufficient to establish the implicated work factors.

A November 20, 2024 notification of personnel action (PS Form 50) indicated that appellant's last day in pay status was December 31, 2024 and that he had retired from the employing establishment, effective that date.

On February 6, 2025 appellant, through counsel, requested an oral hearing before a representative of OWCP's Branch of Hearings and Review.

By letter dated February 10, 2025, appellant submitted Dr. Steinkamp's February 3, 2025 request for authorization to perform surgery to treat appellant's diagnosis of right CTS.

On May 6, 2025 OWCP converted appellant's request for an oral hearing to one for a review of the written record.

In an undated note, Dr. David Moss, Jr., a Board-certified orthopedic surgeon, opined that appellant's repetitive work activities as a sorter mail handler for over 30 years caused his right CTS.

By decision dated July 16, 2025, OWCP's hearing representative modified the January 28, 2025 decision to find that appellant had established the implicated work factors. However, the claim remained denied as the medical evidence of record was insufficient to establish causal relationship between his diagnosed right-hand condition and the accepted factors of his federal employment.

LEGAL PRECEDENT

An employee seeking benefits under FECA⁵ 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,⁶ 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.⁷ 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.⁸

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 employment factors identified by the employee.⁹

⁵ *Supra* note 2.

⁶ *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).

⁷ *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).

⁸ *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).

⁹ *P.L.*, Docket No. 19-1750 (issued March 26, 2020); *R.G.*, Docket No. 19-0233 (issued July 16, 2019); *L.M.*, Docket No. 13-1402 (issued February 7, 2014); *Delores C. Ellyett, id.*

Causal relationship is a medical question that requires rationalized medical opinion evidence to resolve the issue.¹⁰ The opinion of the physician must be based upon 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 factors.¹¹

ANALYSIS

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

In support of his claim, appellant submitted medical evidence from his treating physician, Dr. Steinkamp. In a Form CA-17 dated November 1, 2024, he noted appellant's right upper extremity symptoms. In this report, a treatment note dated November 1, 2024, Form CA-20 dated November 5, 2024, and Form CA-17 dated November 13, 2024, Dr. Steinkamp diagnosed CTS and numbness and opined that the diagnosed conditions were causally related to the accepted employment factors. In the November 5, 2024 Form CA-20, he generally indicated that repetitive arm/wrist motions exacerbate CTS. Dr. Steinkamp, however, did not offer a rationalized medical explanation to support his conclusory opinion. The Board has held that medical evidence that does not offer a rationalized explanation by the physician of how employment duties physiologically caused or aggravated the diagnosed conditions is of limited probative value.¹² Therefore, this evidence is insufficient to establish the claim.

In an undated report, Dr. Steinkamp released appellant to return to full-duty work with the restriction of primarily avoiding fine motor movements with his wrist and fingers. In a February 3, 2025 note, he requested authorization for right CTS surgery. However, Dr. Steinkamp did not offer an opinion on causal relationship. 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 As such, this report is of no probative value and is insufficient to establish appellant's claim.

In an October 29, 2024 hospital report, Dr. Sullivan diagnosed "likely" distal right upper extremity neuropathy caused by repetitive motions at the employing establishment. However,

¹⁰ *I.J.*, Docket No. 19-1343 (issued February 26, 2020); *T.H.*, 59 ECAB 388 (2008); *Robert G. Morris*, 48 ECAB 238 (1996).

¹¹ *D.C.*, Docket No. 19-1093 (issued June 25, 2020); *see L.B.*, Docket No. 18-0533 (issued August 27, 2018).

¹² *See S.R., id.; S.B., id.; T.L.*, Docket No. 23-0073 (issued January 9, 2023); *V.D.*, Docket No. 20-0884 (issued February 12, 2021); *Y.D.*, Docket No. 16-1896 (issued February 10, 2017).

¹³ *See P.V.*, Docket No. 25-0547 (issued June 23, 2025); *R.J.*, Docket No. 24-0885 (issued September 30, 2024); *G.M.*, Docket No. 24-0388 (issued May 28, 2024); *C.R.*, Docket No. 23-0330 (issued July 28, 2023); *K.K.*, Docket No. 22-0270 (issued February 14, 2023); *S.J.*, Docket No. 19-0696 (issued August 23, 2019); *M.C.*, Docket No. 18-0951 (issued January 7, 2019); *L.B.*, *supra* note 11; *D.K.*, Docket No. 17-1549 (issued July 6, 2018).

the Board has held that medical opinions that are speculative or equivocal in character have little probative value.¹⁴ Thus, this evidence is insufficient to establish the claim.

In an undated note, Dr. Moss opined that appellant's repetitive work activities as a sorter mail handler for over 30 years caused his right CTS. However, Dr. Moss failed to explain the pathophysiological process through which appellant's repetitive work duties would cause his right CTS. As discussed above, medical evidence should offer a rationalized explanation by the physician of how employment duties physiologically caused or aggravated the diagnosed conditions.¹⁵ Thus, his report is sufficient to establish appellant's claim.

Dr. Klein's October 29, 2024 note advised that appellant may return to work on November 5, 2024. However, Dr. Klein did not offer an opinion on causal relationship. As explained above, 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.¹⁶ As such, this report is of no probative value and is insufficient to establish appellant's claim.

The remainder of the evidence of record, consisted of diagnostic study reports. However, diagnostic studies, standing alone, lack probative value as they do not address whether the accepted employment factors were causally related to the diagnosed condition.¹⁷ Therefore, these reports are also insufficient to establish the claim.

As the medical evidence of record is insufficient to establish a right upper extremity condition causally related to the accepted employment factors, 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.

CONCLUSION

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

¹⁴ See *F.S.*, Docket No. 22-0070 (issued June 14, 2023); *M.L.*, Docket No. 18-0153 (issued January 22, 2020); *N.B.*, Docket No. 19-0221 (issued July 15, 2019); *Z.B.*, Docket No. 17-1336 (issued January 10, 2019); *T.M.*, Docket No. 08-0975 (issued February 6, 2009).

¹⁵ *Supra* note 13.

¹⁶ *Supra* note 14.

¹⁷ *C.T.*, Docket No. 25-0384 (issued May 5, 2025); *A.D.*, Docket No. 25-0296 (issued March 26, 2025); *S.R.*, Docket No. 24-0540 (issued August 2, 2024); *K.A.*, Docket No. 23-613 (issued April 22, 2024); *W.L.*, Docket No. 20-1589 (issued August 26, 2021); *A.P.*, Docket No. 18-1690 (issued December 12, 2019).

ORDER

IT IS HEREBY ORDERED THAT the July 16, 2025 decision of the Office of Workers' Compensation Programs is affirmed.

Issued: August 27, 2025
Washington, DC

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

Janice B. Askin, Judge
Employees' Compensation Appeals Board

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