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L.N., Appellant)	
)	
and)	Docket No. 25-0173
)	Issued: March 6, 2025
DEPARTMENT OF VETERANS AFFAIRS,)	
AUSTIN VA CLINIC, Austin, TX, Employer)	
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Case Submitted on the Record

Before:
ALEC J. KOROMILAS, Chief Judge
PATRICIA H. FITZGERALD, Deputy Chief Judge
VALERIE D. EVANS-HARRELL, Alternate Judge

On December 10, 2024, appellant filed a timely appeal from an October 11, 2024 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.²

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.

² The Board notes that following the October 11, 2024 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.*

FACTUAL HISTORY

On April 5, 2024, appellant, then a 46-year-old health aid/technician, filed an occupational disease claim (Form CA-2) alleging that she sustained a strained neck, shoulders, arms, wrists, hands, and carpal tunnel syndrome due to factors of her federal employment, which included assisting with and setting up of gastrointestinal (GI) procedures; handling equipment, instruments, and patients; performing numerous daily repetitive movements; and awkward positioning while performing these duties. She indicated that she first realized her condition and that it was caused or aggravated by her federal employment on February 29, 2024. On the reverse side of the claim form, the employing establishment indicated that appellant had worked in a light-duty capacity since August 29, 2023 with regard to conditions accepted under OWCP File No. xxxxxx347.³

In a development letter dated April 16, 2024, OWCP informed 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 60 days to submit the necessary evidence.

Appellant submitted additional statements. In undated statements received on April 5 and 25, 2024 and in a May 10, 2024 statement, she indicated that the onset of her condition(s) began in May 2023. Appellant provided information regarding the specific tasks she performed which she believed led to her claimed conditions.

In duty status reports (Form CA-17) dated April 15, May 16, and June 6, 2024, an unidentified healthcare provider noted a February 29, 2024 date of injury and provided diagnoses. An April 30, 2024 work status note by an unidentifiable healthcare provider noted a date of injury of February 29, 2024 and indicated that appellant was seen for a medical visit.

In a May 8, 2024 attending physician's report (Form CA-20), Dr. Don Thompson, a Board-certified internist, noted that he had examined appellant on April 15, 2024. He described the injury as continuous and repetitive work-related duties. Dr. Thompson provided assessments of cervical radiculopathy, cervical disc displacement, right and left carpal tunnel syndrome (CTS), and left and right tenosynovitis. He opined that the diagnosed conditions were caused or aggravated by appellant's continuous and repetitive work duties of setting up and operating equipment, assisting with procedures, and lifting and carrying heavy items.

In a June 3, 2024 report, Dr. Thompson noted that appellant's symptoms began on February 29, 2024 with progressive pain and discomfort in her neck, wrists and hands while performing repetitive work-related duties, which he described. He indicated that the repetitive duties placed excessive stress on her wrists, hands and neck. Dr. Thompson opined that appellant's diagnosed conditions of bilateral CTS, tenosynovitis of the hand, cervical disc displacement and cervical radiculopathy affecting the neck, wrists and hands were a direct result of her repetitive work-related duties that included continuous setting up and handling of equipment for procedures,

³ Under OWCP File No. xxxxxx347, OWCP accepted appellant's traumatic injury claim (Form CA-1) for right forearm synovitis/tenosynovitis, right thumb sprain, and right radial styloid de Quervain's tenosynovitis sustained on August 25, 2023. Appellant also has a claim under OWCP File No. xxxxxx364 for an April 8, 2016 traumatic right shoulder condition resulting from transporting a patient by pushing and pulling a bed. That claim was administratively closed. OWCP has administratively combined appellant's claims, with File No. xxxxxx347 serving as the master file.

pushing, pulling and operating equipment to assist the providers, lifting and carrying large items, and applying pressure to a patient's abdomen during multiple procedures performed each day. He indicated that the repetitive nature of her duties had placed excess stress and strain on the tendons in appellant's wrists, hands and neck which caused the tendons to become inflamed. Dr. Thompson explained that due to the continuous stress, the tendons experienced micro-traumas which led to inflammation and, as the tendons did not have proper time to heal, the inflammation increased. He further explained that as the inflammation increased, the tendons could not glide through the sheaths properly, which caused pain, limited function and range of motion with associated numbness and tingling. Dr. Thompson further indicated that the medical records and initial diagnoses of bilateral CTS, tenosynovitis of the hands, and cervical disc displacement, and radiculopathy also support the mechanism of injury.

Diagnostic studies dated October 26, 2023 and March 16, 2024, physical therapy reports, and referral forms were also submitted.

In a follow-up letter dated June 21, 2024, OWCP advised appellant that it had conducted an interim review, and the evidence remained insufficient to establish her claim. It noted that she had 60 days from the April 16, 2024 letter to submit the requested supporting evidence. OWCP further advised that if the evidence was not received during this time, it would issue a decision based on the evidence contained in the record.

In a July 2, 2024 report, Dr. Thompson reiterated the discussion provided in his June 3, 2024 report. He further explained that the medical process whereby repetitive compression of the spinal discs from use of appellant's arms can produce mechanical damage to the discs and lead to nerve damage or radiculopathy. Dr. Thompson also described the medical process of carpal tunnel syndrome and tenosynovitis. He concluded that appellant's bilateral CTS, tenosynovitis of the hands, and cervical disc displacement and radiculopathy was due to her occupational work-related injury, which was based on reliable, probative medical rationale formulated from objective findings.

Physical therapy reports and referral forms were also received.

By decision dated July 19, 2024, OWCP denied appellant's claim, finding that the medical evidence of record was insufficient to establish a medical condition causally related to the accepted factors of her federal employment.

On August 13, 2024, appellant requested reconsideration.

In an August 8, 2024 report, Dr. Thompson opined that appellant had sustained a work-related injury while performing her duties as a health technician for the last 10 years, which included repetitive use of her neck, shoulders and wrists. He related that her work duties required her to lift, carry, and move heavy pieces of equipment to adjust and operate daily during multiple procedures a day, adjust the patient while extending her neck to look up at a monitor on a tower, and apply pressure to a patient's abdomen during procedures to assist the physician. Dr. Thompson explained the mechanical process of how the work-related duties caused appellant's cervical radiculopathy and disc displacement, bilateral CTS and tenosynovitis of the hands. He indicated that she had continued to suffer without proper treatment of those conditions and reported

no previous injuries. Dr. Thompson opined that appellant's diagnosed conditions are causally related to her work-related duties.

By decision dated August 20, 2024, OWCP denied modification of its July 19, 2024 decision.

On October 2, 2024, appellant requested reconsideration.

In a September 24, 2024 report, Dr. Thompson again related that appellant worked as a health technician for over 10 years assisting with procedures, operating and handling equipment, pushing and pulling heavy beds, manually applying pressure to a patient during procedures, and looking up at a monitor while the procedure was performed. He noted that procedures were routinely performed daily, and that appellant repetitively used her neck, both wrists and both hands. Dr. Thompson opined that her diagnosed conditions of cervical radiculopathy, cervical disc displacement, bilateral CTS, and tenosynovitis of the hands are causally related to and the direct result of her work duties of assisting with procedures, operating and handling equipment, pushing and pulling heavy beds, manually applying pressure to a patient during procedures, and looking up at a monitor while the procedure is performed. He explained that the cervical discs in appellant's neck have been compressed and squeezed out of place over time as she performed repetitive work duties. Dr. Thompson also explained that the tendons in her wrists and hands have endured continuous trauma and overstretching, which led to inflammation and improper function, and that the tendons in her elbow, forearm and thumb have also been affected and inflamed and has affected the tendons in her wrist and hands.

Diagnostic tests dated May 12, 2016, September 16 and October 25, 2023, and June 8, 2024 were provided, along with duplicate copies of diagnostic tests previously of record.

By decision dated October 11, 2024, OWCP denied modification of its prior decision.

LEGAL PRECEDENT

An employee seeking benefits under FECA⁴ 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,⁵ 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.⁶ 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.⁷

⁴ *Supra* note 1.

⁵ *See S.F.*, Docket No. 23-0264 (issued July 5, 2023); *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).

⁶ *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).

⁷ *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).

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 casually related to the identified employment factors.⁸

Causal relationship is a medical question that requires rationalized medical opinion evidence to resolve the issue.⁹ 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 incident.¹⁰

In a case in which 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.¹¹

ANALYSIS

The Board finds that this case is not in posture for decision. .

In a June 3, 2024 report, Dr. Thompson noted that appellant's symptoms began on February 29, 2024 with progressive pain and discomfort in her neck, wrists, and hands while performing repetitive work-related duties, which he described. He indicated that the repetitive duties placed excessive stress on her wrists, hands, and neck. Dr. Thompson opined that appellant's diagnosed conditions were a direct result of her repetitive work-related duties. He indicated that the repetitive nature of her duties had placed excess stress and strain on the tendons in appellant's wrists, hands and neck which caused the tendons to become inflamed. Dr. Thompson explained that due to the continuous stress, the tendons experienced micro-traumas which led to inflammation and, as the tendons did not have proper time to heal, the inflammation increased. He further explained that as the inflammation increased, the tendons could not glide through the sheaths properly, which caused pain, limited function and range of motion with associated numbness and tingling. Dr. Thompson further indicated that the medical records and initial diagnoses of bilateral CTS, tenosynovitis of the hands, and cervical disc displacement, and radiculopathy also support the mechanism of injury. In a September 24, 2024 report, he again explained, with rationale, his opinion that appellant's medical conditions were causally related to

⁸ *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).

⁹ *I.J.*, Docket No. 19-1343 (issued February 26, 2020); *T.H.*, 59 ECAB 388 (2008); *Robert G. Morris*, 48 ECAB 238 (1996).

¹⁰ *M.T.*, Docket No. 24-0103 (issued March 28, 2024); *D.C.*, Docket No. 19-1093 (issued June 25, 2020); *see L.B.*, Docket No. 18-0533 (issued August 27, 2018); *see also Victor J. Woodhams*, 41 ECAB 345 (1989).

¹¹ Federal (FECA) Procedure Manual, Part 2 -- Claims, *Causal Relationship*, Chapter 2.805.3e (January 2013); *N.N.*, Docket No. 24-0510 (issued July 16, 2024); *J.L.*, Docket No. 20-0717 (issued October 15, 2020).

the accepted employment factors. Although Dr. Thompson's opinion is insufficiently rationalized to establish causal relationship, it is sufficient to require further development of the medical evidence.¹²

It is well established that proceedings under FECA are not adversarial in nature and, while appellant has the burden to establish entitlement to compensation, OWCP shares responsibility in the development of the evidence.¹³ OWCP has an obligation to see that justice is done.¹⁴

The Board shall, therefore, remand the case to OWCP for further development of the medical evidence. On remand, OWCP shall refer appellant, along with a statement of accepted facts and the case record to a specialist in the appropriate field of medicine for a reasoned opinion regarding whether appellant sustained an injury causally related to the accepted employment factors. If the second opinion physician disagrees with the opinion of Dr. Thompson, he or she must provide a fully-rationalized explanation of why the accepted employment factors were insufficient to have caused or aggravated appellant's medical condition. After this and other such further development as deemed necessary, OWCP shall issue a *de novo* decision.

CONCLUSION

The Board finds that this case is not in posture for decision.

¹² *J.K.*, Docket No. 20-0816 (issued May 4, 2022); *M.H.*, Docket No. 18-1068 (issued June 2, 2020); *J.H.*, Docket No. 18-1637 (issued January 29, 2020); *D.S.*, Docket No. 17-1359 (issued May 3, 2019); *X.V.*, Docket No. 18-1360 (issued April 12, 2019); *C.M.*, Docket No. 17-1977 (issued January 29, 2019); *John J. Carlone*, 41 ECAB 354 (1989); *William J. Cantrell*, 34 ECAB 1223 (1983).

¹³ *Id.*; *see also C.S.*, Docket No. 24-0819 (issued October 16, 2024); *S.G.*, Docket No. 22-0330 (issued April 4, 2023); *see M.G.*, Docket No. 18-1310 (issued April 16, 2019); *Walter A. Fundinger, Jr.*, 37 ECAB 200, 204 (1985); *Michael Gallo*, 29 ECAB 159, 161 (1978).

¹⁴ *See C.M.*, *supra* note 12; *A.J.*, Docket No. 18-0905 (issued December 10, 2018); *B.C.*, Docket No. 15-1853 (issued January 19, 2016); *E.J.*, Docket No. 09-1481 (issued February 19, 2010); *John J. Carlone*, *supra* note 12.

ORDER

IT IS HEREBY ORDERED THAT the October 11, 2024 decision of the Office of Workers' Compensation Programs is set aside and the case is remanded for further proceedings consistent with this decision of the Board.

Issued: March 6, 2025
Washington, DC

Alec J. Koromilas, Chief Judge
Employees' Compensation Appeals Board

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

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