

¹ 5 U.S.C. § 8101 *et seq.*

of her condition on November 1, 2023, and realized its relation to her federal employment on November 27, 2023. Appellant did not stop work.

In a statement also dated December 28, 2023, appellant indicated that she had similar pain in her right elbow in 2019, which had subsided.²

In a development letter dated January 4, 2024, OWCP informed appellant of the deficiencies of her claim. It advised her of the type of factual and medical evidence needed, provided a questionnaire for her completion, and afforded her 60 days to submit the necessary evidence. In a separate development letter of even date, OWCP requested that the employing establishment provide additional information, including comments from a knowledgeable supervisor regarding the accuracy of appellant's statements. It afforded the employing establishment 30 days to respond.

In a January 9, 2024 response to OWCP's development questionnaire, the employing establishment asserted that it did not concur with appellant's allegations and noted that she had been provided equipment and assistance to create a comfortable workspace. It indicated that she performed sedentary work, and her job duties required the use of a computer and telephone. The employing establishment also noted that appellant was allotted two 15-minute breaks as needed and that she had been provided with an electronic stand desk and an ergonomic chair.

In a January 9, 2024 form report and a January 10, 2024 treatment note, Dr. Zhiqiang Chen, Board-certified in occupational preventive medicine, noted that appellant, a human resource specialist, reported that her work duties require constant keyboarding and use of a computer mouse and that she had left elbow pain, which started on November 1, 2023. He related that she also reported that her workstation was ergonomically set up, and that she has been in the current position for years. Dr. Chen provided examination findings and diagnosed a left elbow sprain. He opined that "the stated mechanism was consistent with his clinical examination and no information had been presented that would indicate a cause other than the alleged employment event/exposure." Dr. Chen placed appellant on modified-work activity and ordered physical therapy.

In a February 1, 2024 progress note, Dr. Chen noted that appellant had completed three out of six sessions of physical therapy but her pain worsened with lifting, pushing, and pulling. He diagnosed appellant with a left elbow sprain and provided modified work restrictions. Appellant also received an injection for left lateral epicondylitis.

Physical therapy notes dated January 10 and 18, 2024 were also provided.

In a follow-up letter dated February 8, 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 January 4, 2024 letter to submit the necessary 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.

² Under OWCP File No. xxxxx553, OWCP accepted an occupational disease claim for right shoulder/upper arm strain, right wrist sprain, right elbow sprain and strain of unspecified muscles/fascia/tendons of right forearm. It has not administratively combined this claim with the current claim, OWCP File No. xxxxxx169.

In an undated statement, appellant responded to OWCP's development questionnaire. OWCP also received duplicate evidence from Dr. Chen, which included a copy of the February 1, 2024 progress report.

In a February 26, 2024 state workers' compensation progress report, Dr. Chen noted that appellant completed physical therapy with much improvement with pain over the left elbow. He provided examination findings and advised that she had returned to preinjury status. Dr. Chen released appellant from medical care, effective that date, with no permanent impairment, disability, or need for continuing or future treatment.

Physical therapy notes dated January 10 through February 26, 2024 were also received.

By decision dated March 13, 2024, OWCP denied appellant's occupational disease claim. It found that the medical evidence of record was insufficient to establish that her left elbow condition was causally related to the accepted work factors.

In an April 8, 2024 state workers' compensation progress report, Dr. Chen indicated that the report was an "addendum," and provided comments regarding the cause of appellant's left elbow sprain. He opined that "the stated mechanism was consistent with my clinical exam[ination] findings, and no information has been presented that would indicate a cause other than the alleged employment with constant keyboarding and mousing at work."

In an April 15, 2024 progress note, Dr. Chen indicated that while appellant was released from care on February 26, 2024, her left elbow pain had returned in the past week and worsened with lifting, pushing and pulling with intermittent mild numbness and tingling to dorsal left forearm and wrist/hand. He diagnosed left elbow sprain and requested authorization for a magnetic resonance imaging (MRI) scan of the left elbow. Dr. Chen released appellant to full duty.

On April 25, 2024, appellant requested reconsideration and indicated that her physician had submitted the updated reports directly to OWCP. An April 18, 2024 left elbow MRI scan revealed mild tendinosis with possible low-grade interstitial tear at the origin of the common extensor tendon.

In an April 22, 2024 progress note, Dr. Chen noted the results of the April 18, 2024 left elbow MRI scan. He diagnosed left lateral epicondylitis and left elbow sprain and referred appellant to an orthopedist.

An April 23, 2024 left elbow x-ray indicated no acute fracture or dislocation, no significant joint effusion or arthritis. A small posterior olecranon enthesophyte was noted.

In a May 1, 2024 report, Dr. Wais N. Arsala, a Board-certified family practitioner, noted diagnostic and examination findings and diagnosed chronic left lateral epicondylitis. He also noted cervical radiculopathy in the differential as appellant had abnormal Spurling sign with numbness and tingling going down her arm into her fingers.

On June 7, 2024, appellant requested reconsideration.

By decision dated June 13, 2024, OWCP denied modification of its prior decision.

On August 19, 2024, appellant requested reconsideration.

In a July 3, 2024 addendum report, Dr. Chen opined that “the stated mechanism of injury of constant keyboarding and mousing at work for the past six years with the current employer is consistent with my clinical examination findings and no other information has been presented that would indicate a cause other than the alleged employment activities with constant keyboarding and mousing at work.” He referenced medical literature in explaining that tennis elbow was often linked to overuse and muscle strain and that activities that can cause tennis elbow symptoms include repetitive use of a computer mouse. Dr. Chen additionally noted that constant keyboarding and mousing were one of the causes for elbow strain/lateral epicondylitis when there are no other known causes.

By decision dated August 26, 2024, OWCP denied modification of its prior decision.

LEGAL PRECEDENT

An employee seeking benefits under FECA³ 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,⁴ 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.⁵ 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.⁶

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.⁷

Causal relationship is a medical question that requires rationalized medical opinion evidence to resolve the issue.⁸ 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

³ *Supra* note 1.

⁴ 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).

⁵ *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).

⁶ *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).

⁷ *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).

⁸ *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 incident.⁹

ANALYSIS

The Board finds that appellant has not met her burden of proof to establish a left elbow condition causally related to the accepted factors of her federal employment.

In support of her claim, appellant submitted several reports from Dr. Chen, who opined that the diagnosed left elbow sprain was caused by her employment exposure. Dr. Chen opined that “the stated mechanism was consistent with his clinical examination and no information had been presented that would indicate a cause other than the alleged employment event/exposure.” He further opined that “the stated mechanism of injury of constant keyboarding and mousing at work for the past six years with the current employer [wa]s consistent with my clinical exam[ination] findings and no other information has been presented that would indicate a cause other than the alleged employment activities with constant keyboarding and mousing at work.” Dr. Chen also referenced medical literature to support his opinion that constant keyboarding and mousing can cause tennis elbow symptoms and were often linked to overuse and muscle strain which can cause elbow strain/lateral epicondylitis given no other known causes. While he provided an affirmative opinion in support of causal relationship, he did not offer sufficient rationale to support his opinion.¹⁰ The Board has held that medical opinion evidence must offer a medically-sound explanation of how the specific employment incident physiologically caused injury.¹¹ This evidence is therefore insufficient to establish the claim.

In his May 1, 2024 report, Dr. Arsala diagnosed chronic left lateral epicondylitis with a differential diagnosis of a cervical radiculopathy. However, he did not provide an opinion on causation. 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. Therefore, this evidence is insufficient to establish the claim.¹²

The remainder of the medical evidence consists of reports from physical therapists. The Board has held that certain healthcare providers such as physical therapists are not considered

⁹ *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).

¹⁰ *See A.C.*, Docket No. 24-0661 (issued September 11, 2024); *R.B.*, Docket No. 23-1027 (issued April 3, 2024); *S.B.*, Docket No. 24-0064 (issued February 28, 2024); *S.C.*, Docket No. 21-0929 (issued April 28, 2023); *J.D.*, Docket No. 19-1953 (issued January 11, 2021); *M.W.*, Docket No. 14-1664 (issued December 5, 2014).

¹¹ *K.J.*, Docket No. 21-0020 (issued October 22, 2021); *L.R.*, Docket No. 16-0736 (issued September 2, 2016); *J.R.*, Docket No. 12-1099 (issued November 7, 2012); *Douglas M. McQuaid*, 52 ECAB 382 (2001).

¹² *See S.T.*, Docket No. 22-1025 (issued January 3, 2023); *L.B.*, Docket No. 18-0533 (issued August 27, 2018); *D.K.*, Docket No. 17-1549 (issued July 6, 2018).

physicians as defined under FECA.¹³ Consequently, their medical findings and/or opinions will not suffice for purposes of establishing entitlement to FECA benefits. Thus, this evidence is also insufficient to establish appellant's claim.

The record also contains diagnostic studies. Diagnostic studies, standing alone, lack probative value on the issue of causal relationship.¹⁴ Thus, this evidence is insufficient to establish appellant's claim.

As the medical evidence of record is insufficient to establish a left elbow condition causally related to the accepted factors of federal employment, the Board finds that appellant has not met her burden of proof.

CONCLUSION

The Board finds that appellant has not met her burden of proof to establish a left elbow condition causally related to the accepted factors of her federal employment.

¹³ Section 8101(2) provides that physician includes surgeons, podiatrists, dentists, clinical psychologists, optometrists, chiropractors, and osteopathic practitioners within the scope of their practice as defined by State law. 5 U.S.C. § 8101(2); 20 C.F.R. § 10.5(t). See Federal (FECA) Procedure Manual, Part 2 -- Claims, *Causal Relationship*, Chapter 2.805.3a(1) (May 2023); *David P. Sawchuk*, 57 ECAB 316, 320 n.11 (2006) (lay individuals such as physician assistants, nurses, and physical therapists are not competent to render a medical opinion under FECA). See also *K.D.*, Docket No. 22-0756 (issued November 2022) (physical therapists are not considered physicians under FECA).

¹⁴ *K.B.*, Docket No. 22-0842 (issued April 25, 2023); *T.K.*, Docket No. 18-1239 (issued May 29, 2019).

ORDER

IT IS HEREBY ORDERED THAT the August 26, 2024 decision of the Office of Workers' Compensation Programs is affirmed.

Issued: March 7, 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