

computers eight hours a day, five days a week. She first became aware of her condition on January 5, 2012 and realized it resulted from her employment on March 25, 2012. Appellant did not stop work.

On May 8, 2012 OWCP advised appellant that she did not submit any evidence sufficient to establish her claim. It requested that she submit a detailed description of the employment activities that she believed caused her condition and respond to specific questions. OWCP also requested that appellant submit a comprehensive medical report, including a diagnosis, results of examinations and tests and a physician's opinion with medical rationale explaining the cause of her condition.

In a July 28, 2008 radiology report, Dr. Anant Kusakull, a Board-certified diagnostic radiologist, stated that the examination of appellant's hands revealed no evidence of soft tissue swelling, arthritis or bone destruction.

In an August 20, 2008 progress note, Sheryl K. Wheeler, a physician's assistant, related appellant's complaints of bilateral thumb pain and locking for the past few months. She noted that appellant worked on the computer as a coder.

In an October 14, 2008 progress note, Ms. Wheeler conducted a follow-up examination. She noted that the right thumb improved, but appellant's left thumb was still sore after a cortisone injection. Ms. Wheeler stated that appellant worked on computers as a coder and recommended another injection.

In an April 21, 2009 progress note, Ms. Wheeler conducted a follow-up examination for appellant's multiple digit tenosynovitis. Examination revealed no palpable nodules or over triggering. Ms. Wheeler diagnosed trigger fingers and recommended a follow-up examination in two to three months.

In a July 15, 2009 radiology report, Dr. Lanny B. Chuang, a Board-certified diagnostic radiologist, observed mild degenerative joint disease with joint space narrowing in both wrists. No bony erosion, destruction, fusion, subluxation or fracture was seen. Dr. Chuang diagnosed mild degenerative joint disease with joint space narrowing bilateral wrist and minimal spurring right distal radius hands and wrists. He noted that appellant did computer work as a coder.

In a July 28, 2009 progress note, Ms. Wheeler examined appellant for bilateral trigger fingers. She noted that the left hand was without triggering since the last cortisone injection. Examination revealed left digits without discomfort and mild swelling in the right hand. On February 2, 2010 Ms. Wheeler examined and observed farom bilateral hands without overt triggering.

In an August 3, 2010 report, Dr. J. Joaquin Diaz, a Board-certified orthopedic surgeon, related appellant's complaints of pain and locking in the right third and fourth fingers and request for an injection.

In a February 15, 2011 report, Dr. Diaz noted appellant's complaints of neck and arm pain with numbness and tingling in her fingers, more on the right. The examination revealed pain with range of motion of the neck, no radiation with head compression, and no evidence of

atrophy or weakness in the hand muscles. Tinel's sign and Phalen's tests were present, more on the right. Dr. Diaz diagnosed trigger fingers, neuritis with possible carpal tunnel and neck strain.

In an August 23, 2011 progress note, Ms. Wheeler noted appellant's complaints of severe pain in her fingers with locking.

In a February 28, 2012 report, Ms. Wheeler noted that appellant's left ring finger bothered her, but not too bad. She also noted a history of worsening carpal tunnel symptoms beginning in 2005. Ms. Wheeler recommended an electromyography (EMG) study.

In a March 15, 2012 report, Ms. Wheeler related appellant's complaints of worsening bilateral hand numbness, tingling and pain since 2005. Appellant typed daily as a biller and coder. Upon physical examination, Ms. Wheeler observed intact to light touch sensation and positive Tinel's sign on the right upper extremity. She conducted sensory nerve and motor nerve conduction studies and noted an abnormal study. Ms. Wheeler stated that appellant's abnormalities were more consistent with right severe carpal tunnel syndrome and left moderate to severe carpal tunnel syndrome. She recommended appellant consider a surgical evaluation.

On April 16, 2012 Ms. Wheeler noted appellant's complaints of pain, numbness and tingling in her wrist, upper arm and neck and that she worked as a computer coder. She stated that an EMG revealed severe right carpal tunnel syndrome and moderate left carpal tunnel syndrome. Appellant was diagnosed with bilateral carpal tunnel syndrome.

On May 22, 2012 Ms. Wheeler checked a box marked "yes" that appellant's condition was caused or aggravated by an employment activity.

In an undated narrative statement, appellant reported that she worked as a medical records technician at the employing establishment since 1987. She believed that working on typewriters and computers contributed to her condition. Appellant's activities outside of work involved walking for ½ hours daily, water aerobics three times a week for one hour, and reading e-mail every day for ½ hour. She first noticed her condition in 2012 when she tried to open a jar. Appellant stated that she was unable to carry anything heavy and that wrong movement made her hand worse. She submitted a position description.

In a decision dated July 9, 2012, OWCP denied appellant's occupational disease claim finding insufficient medical evidence to establish that her carpal tunnel syndrome was a result of her employment duties.

LEGAL PRECEDENT

An employee seeking benefits under FECA has the burden of proof to establish the essential elements of his or her claim by the weight of the reliable, probative and substantial evidence² including that she sustained an injury in the performance of duty and that any specific condition or disability for work for which she claims compensation is causally related to that

² *J.P.*, 59 ECAB 178 (2007); *Joseph M. Whelan*, 20 ECAB 55, 58 (1968).

employment injury.³ In an occupational disease claim, appellant's burden requires submission of 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 employment factors identified by the employee.⁴

Causal relationship is a medical issue and the medical evidence generally required to establish causal relationship is rationalized medical opinion evidence.⁵ 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 the specific employment factors identified by the employee.⁶ The mere fact that work activities may produce symptoms revelatory of an underlying condition does not raise an inference of an employment relation. Such a relationship must be shown by rationalized medical evidence of a causal relation based upon a specific and accurate history of employment conditions which are alleged to have caused or exacerbated a disabling condition.⁷

ANALYSIS

Appellant alleged that her bilateral carpal tunnel syndrome resulted from her duties as a medical records technician. OWCP accepted that her duties included working on the computer, but it denied her claim finding insufficient medical evidence to establish that her bilateral carpal tunnel syndrome resulted from her employment duties.

Appellant submitted medical reports by Dr. Diaz, who related appellant's complaints of pain and locking in her fingers and neck and arm pain. Examination revealed pain with range of motion of the neck, but no radiation with head compression and no evidence of atrophy or weakness in the hand muscle. Dr. Diaz diagnosed trigger fingers and neuritis with possible carpal tunnel and neck strain. The Board notes, however, that he does not offer any opinion regarding whether appellant's conditions were causally related to appellant's duties as a medical records technician. The Board has held that medical evidence that does not offer any opinion regarding the cause of an employee's condition is of limited probative value on the issue of causal relationship.⁸ Likewise, Drs. Kusakull and Chuang's radiology reports also fail to provide any opinion on the cause of appellant's hand conditions. While Dr. Chuang notes that appellant

³ *M.M.*, Docket No. 08-1510 (issued November 25, 2010); *G.T.*, 59 ECAB 447 (2008); *Elaine Pendleton*, 40 ECAB 1143, 1145 (1989).

⁴ *R.H.*, 59 ECAB 382 (2008); *Ernest St. Pierre*, 51 ECAB 623 (2000).

⁵ *I.R.*, Docket No. 09-1229 (issued February 24, 2010); *D.I.*, 59 ECAB 158 (2007).

⁶ *I.J.*, 59 ECAB 408 (2008); *Victor J. Woodhams*, 41 ECAB 465 (2005).

⁷ *Patricia J. Bolleter*, 40 ECAB 373 (1988).

⁸ *C.B.*, Docket No. 09-2027 (issued May 12, 2010); *J.F.*, Docket No. 09-1061 (issued November 17, 2009); *A.D.*, 58 ECAB 149 (2006).

did a lot of computer work, he does not relate appellant's hand conditions to her employment duties. The Board also notes that he diagnosed mild degenerative joint disease, and not bilateral carpal tunnel syndrome. Because Drs. Kusakull and Chuang fail to explain how appellant's bilateral carpal tunnel syndrome were causally related to her employment duties, these reports are insufficient to establish her claim.

Appellant also submitted various reports by a physician's assistant. The Board has noted, however, that a report by a physician's assistant is of no probative value since a physician's assistant is not considered a physician under FECA.⁹ Thus, these reports are likewise insufficient to establish appellant's claim. Without rationalized medical opinion evidence demonstrating that appellant developed bilateral carpal tunnel syndrome as a result of her technician duties, the Board finds that OWCP properly denied appellant's claim.

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 that her bilateral carpal tunnel syndrome was causally related to factors of her employment.

⁹ *P.B.*, Docket No. 12-960 (issued September 25, 2012); *George H. Clark*, 56 ECAB 551 (2002).

ORDER

IT IS HEREBY ORDERED THAT the July 9, 2012 decision of the Office of Workers' Compensation Programs is affirmed.

Issued: December 28, 2012
Washington, DC

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

Michael E. Groom, Alternate Judge
Employees' Compensation Appeals Board

James A. Haynes, Alternate Judge
Employees' Compensation Appeals Board