

In a June 29, 2005 letter, appellant described the factors surrounding his work incident, the subsequent doctor visits and the symptoms he has experienced since the accepted incident stating that his left thumb had gotten better, but was still painful. He informed the Office that he returned to work on November 8, 2004, but only used his right arm as instructed by his doctor. Appellant further noted that four or five weeks after he returned to work he began to experience pain in his right hand, thumb, forearm and shoulder.

In a September 1, 2005 magnetic resonance imaging scan report, Dr. Adil Mazhar diagnosed disc dislocation at C2/3 and C3/4, a disc desiccation and disc protrusion at C4/5 and disc protrusion at C5/6. In a September 6, 2005 medical report, Dr. Alfred P. Luppi, a physiatrist, diagnosed general sensory neuropathy in both hands, extensory tendonitis of extensory tendons and loss of muscle mass of the left first dorsal interossei and thenar muscle. In his letter, Dr. Luppi correctly described that appellant had a slip and fall injury which resulted in trauma to the back of the torso.

On August 15, 2006 appellant filed a notice of recurrence claiming that he suffered a recurrence on December 28, 2004 causally related to his October 20, 2004 employment injury. In a December 7, 2006 letter, the employing establishment informed the Office that appellant separated from the employing establishment on September 6, 2005. In a December 7, 2006 letter, the Office informed appellant that additional factual and medical information was necessary to support his recurrence claim.

In a December 17, 2006 letter, Dr. Sony T. Vo informed the Office that appellant had been a patient since October 26, 2000 and diagnosed hepatitis.

In a December 15, 2006 report, Dr. Enass N. Rickards, an orthopedic surgeon, diagnosed appellant with left de Quervain's disease and opined that appellant needed either a cortisone shot or surgery. In a report dated December 28, 2004, Dr. Rickards diagnosed appellant with left de Quervain's disease, reported that appellant received injections and released appellant to light duty with limited use of his left arm. On January 18, 2005 Dr. Rickards diagnosed appellant with left de Quervain's disease and right upper extremity repetitive strain and released appellant to light duty.

On January 24, 2007 the Office denied appellant's recurrence claim on the grounds that the factual and medical evidence did not establish that the claimed recurrence resulted from the accepted work injury.

LEGAL PRECEDENT

A claimant seeking compensation under the Federal Employees' Compensation Act¹ has the burden of establishing the essential elements of his claim by the weight of the reliable, probative and substantial evidence.² Because appellant is alleging that additional medical conditions, which were not accepted as part of the initial claim, caused a recurrence of disability

¹ 5 U.S.C. §§ 8101-8193

² *Edward W. Spohr*, 54 ECAB 806 (2003).

he must furnish medical evidence from a physician who, on the basis of a complete and accurate factual and medical history, concludes that the conditions are causally related to the employment injury and supports that conclusion with sound medical rationale.³ Where no such rationale is present, the medical evidence is of diminished probative value.⁴

The Board has previously held that, when diagnostic testing is delayed, uncertainty mounts regarding the cause of the diagnosed condition and a question arises as to whether that testing in fact documents the injury claimed by the employee.⁵ The greater the delay, in testing, the greater the likelihood that an event not related to employment has caused or worsened the condition for which the employee seeks compensation. When the delay becomes so significant that it calls into question the validity of an affirmative opinion, based at least in part on the testing, such delay diminishes the probative value of the opinion offered.⁶

In order to establish that his claimed recurrence of the condition was caused by the accepted injury, medical evidence of bridging symptoms between his present condition and the accepted injury must support the physician's conclusion of a causal relationship.⁷

Office regulations provide that a recurrence of disability means an inability to work after an employee has returned to work, caused by a spontaneous change in a medical condition resulting from a previous injury or illness without a new or intervening injury.⁸

ANALYSIS

The Office accepted that appellant sustained a left hand contusion, left hand strain and lumbosacral strain due to an October 20, 2004 employment injury. Appellant claimed a recurrence of disability on December 28, 2004.

Appellant has the burden of establishing that he sustained a recurrence of a medical condition on December 28, 2004 causally related to his October 20, 2004 employment injury. The medical evidence submitted is insufficient to establish that appellant sustained a recurrence. Dr. Luppi is the only physician of record who attributed appellant's current condition at least in part to the October 20, 2004 employment injury. While he correctly stated that appellant had a slip and fall injury which resulted in trauma to the back of the torso and diagnosed general sensory neuropathy in both hands, he did not explain how appellant's current condition was causally related to the October 20, 2004 employment injury. As the report does not discuss causal relation supported by medical rationale, it is insufficient to prove that appellant's claimed recurrence is related to the previous employment injury.

³ *Ronald A. Eldridge*, 53 ECAB 218 (2001).

⁴ *Albert C. Brown*, 52 ECAB 152 (2000).

⁵ *Linda L. Mendenhall*, 41 ECAB 532 (1990).

⁶ *Id.*

⁷ *See Ricky S. Storms*, 52 ECAB 349 (2001).

⁸ 20 C.F.R. § 10.5(x).

The remaining doctors' reports fail to offer an opinion on causal relation. Medical evidence which does not offer any opinion regarding the cause of an employee's condition is of limited probative value on the issue of causal relationship.⁹ Dr. Vo merely stated that appellant was a patient and had hepatitis. Dr. Rickards diagnosed left de Quervain's disease and recommended light duty. Dr. Mazhar diagnosed appellant with disc dislocation at C2/3 and C3/4 and disc protrusion at C4/5 and C5/6. None of the reports contained any medical rationale to demonstrate the causal relation between appellant's prior employment injury and his current condition. Therefore appellant has failed to prove that the claimed recurrence of disability was causally related to the October 20, 2004 employment injury.

CONCLUSION

The Board finds that appellant failed to establish that he sustained a recurrence of disability on December 28, 2004.

ORDER

IT IS HEREBY ORDERED THAT the January 24, 2007 decision of the Office of Workers' Compensation Programs is affirmed.

Issued: August 14, 2007
Washington, DC

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

David S. Gerson, Judge
Employees' Compensation Appeals Board

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

⁹ *Michael E. Smith*, 50 ECAB 313 (1999).