

U. S. DEPARTMENT OF LABOR

Employees' Compensation Appeals Board

In the Matter of DEVERIE R. RUDD-HUSTON and U.S. POSTAL SERVICE,
POST OFFICE, Des Moines, Iowa

*Docket No. 97-2708; Submitted on the Record;
Issued May 26, 1999*

DECISION and ORDER

Before MICHAEL J. WALSH, GEORGE E. RIVERS,
WILLIE T.C. THOMAS

The issue is whether appellant sustained a myofascial pain syndrome while in the performance of duty.

On September 28, 1996 appellant, a distribution clerk, filed a claim asserting that she sustained a repetitive motion injury while in the performance of duty. She explained that she experienced pain in her right shoulder/back area soon after she began her daily duties. The pain would decrease or diminish, she stated, with time away from work, such as on weekends, days off and vacation time, but would return when she returned to work. In an attached statement, appellant explained that the pain also occurred in her right forearm. She stated that it was caused by the continual extension of her right arm over her head, "to the extreme right and extreme right overhead approximately 10,000 or so times per day, dependent upon mail volume."

In a letter dated October 8, 1996, the postmaster stated that to his knowledge the comments made by appellant concerning her claim were true: "The duties she performs do require a great deal of repetitive motion."

In a report dated June 28, 1995, Dr. Richard H. Mosher, appellant's attending physician, stated that he was treating appellant for myofascial pain syndrome. He reported that appellant had responded adequately to be able to return to work but that he advised her not to overwork her right upper extremity "as this may exacerbate her condition causing a return of pain." On July 26, 1995 Dr. Mosher noted that appellant's complaints seemed to start when she was pulling bundles of magazines and placing them in proper pigeonholes.

The Office of Workers' Compensation Programs further developed the evidence by asking Dr. Mosher to discuss the nature of myofascial pain syndrome and to explain what he felt was the etiology of appellant's current complaints.

Dr. Mosher submitted a work restriction evaluation dated November 12, 1996.

In a decision dated November 22, 1996, the Office found that the evidence supported that appellant was exposed to casing mail during the course of her employment and that this activity was repetitive in nature, but that the medical evidence failed to establish a causal relationship between this activity and the diagnosed condition of myofascial pain syndrome.

In a merit decision dated July 30, 1997, the Office denied modification of its prior decision.

The Board finds that the evidence of record fails to establish that appellant sustained myofascial pain syndrome while in the performance of duty.

An employee seeking benefits under the Federal Employees' Compensation Act¹ has the burden of proof to establish the essential elements of her claim. When an employee claims that she sustained an injury in the performance of duty, she must submit sufficient evidence to establish that she experienced a specific event, incident or exposure occurring at the time, place and in the manner alleged. She must also establish that such event, incident or exposure caused an injury.²

Causal relationship is a medical issue,³ and the medical evidence generally required to establish causal relationship is rationalized medical opinion evidence. Rationalized medical opinion evidence is medical evidence that includes a physician's rationalized opinion on whether there is a causal relationship between the claimant's diagnosed condition and the established incident or factor of employment. The opinion of the physician must be based on a complete factual and medical background of the claimant,⁴ must be one of reasonable medical certainty,⁵ and must be supported by medical rationale explaining the nature of the relationship between the diagnosed condition and the established incident or factor of employment.⁶

In this case, the Office accepted that appellant performed duties that required repetitive motion. Appellant has thus established that she experienced a specific event, incident or exposure occurring at the time, place and in the manner alleged. The question for determination is whether this repetitive motion caused or aggravated her diagnosed condition of myofascial pain syndrome. As noted above, this is a medical issue requiring a well-reasoned medical opinion explaining how appellant's duties caused or aggravated the diagnosed condition. Although the medical evidence of record suggests that there may be a causal relationship, there is no narrative medical opinion squarely addressing the relationship between appellant's duties

¹ 5 U.S.C. §§ 8101-8193.

² See generally *John J. Carlone*, 41 ECAB 354 (1989); *Abe E. Scott*, 45 ECAB 164 (1993); see also 5 U.S.C. § 8101(5) ("injury" defined); 20 C.F.R. §§ 10.5(a)(15)-.5(a)(16) ("traumatic injury" and "occupational disease or illness" defined).

³ *Mary J. Briggs*, 37 ECAB 578 (1986).

⁴ *William Nimitz, Jr.*, 30 ECAB 567, 570 (1979).

⁵ See *Morris Scanlon*, 11 ECAB 384, 385 (1960).

⁶ See *William E. Enright*, 31 ECAB 426, 430 (1980).

and her diagnosis. The Office attempted to secure such an opinion from Dr. Mosher, but he submitted only a work restriction evaluation. This form report does not discuss the nature of myofascial pain syndrome nor does it explain how, medically speaking, the specific duties that appellant performed caused or aggravated her myofascial pain syndrome. Appellant must submit such a medical opinion to establish the critical element of causal relationship and thereby establish that she sustained an injury while in the performance of duty.

The July 30, 1997 and November 22, 1996 decisions of the Office of Workers' Compensation Programs are affirmed.

Dated, Washington, D.C.

May 26, 1999

Michael J. Walsh
Chairman

George E. Rivers
Member

Willie T.C. Thomas
Alternate Member