

U. S. DEPARTMENT OF LABOR

Employees' Compensation Appeals Board

In the Matter of GERALDINE S. JACKSON and DEFENSE LOGISTICS AGENCY,
DEFENSE DISTRIBUTION CENTER, New Cumberland, PA

*Docket No. 00-372; Submitted on the Record;
Issued January 16, 2001*

DECISION and ORDER

Before MICHAEL J. WALSH, DAVID S. GERSON,
WILLIE T.C. THOMAS

The issue is whether appellant has met her burden of proof to establish that she sustained an injury in the performance of duty on June 4, 1999, as alleged.

Appellant, then a 57-year-old material handler, filed a notice of occupational disease and claim for compensation (Form CA-2) dated June 17, 1999 alleging carpal tunnel syndrome. She alleged that she first became aware of her injury on June 4, 1999 and on June 11, 1999 she realized that the illness was caused or aggravated by her employment. Appellant notified her supervisor and received medical attention that same day from Dr. James Bennion, a Board-certified preventive medicine specialist at Occupational Medicine Services.

Accompanying appellant's claim form was a June 11, 1999 report from Dr. Bennion, who indicated that appellant stated:

"Both hands have numbness and go to sleep while I am working. Pain goes all the way up left arm, but r[igh]t hand hurts to wrist. My left hand and arm started going numb last week."

Dr. Bennion diagnosed early bilateral carpal tunnel syndrome.

By letter dated June 22, 1999, the Office of Workers' Compensation Programs advised appellant and the employing establishment that the information submitted was not sufficient to establish that appellant sustained an injury as alleged. The Office provided appellant and the employing establishment with a detailed list of evidence needed and questions to be followed. The Office allotted 30 days in which to submit the requested information.

On July 22, 1999 appellant submitted answers to the Office's list of questions. She stated:

"My only activities outside of work are cooking, cleaning the house, watching television and reading. I do n[ot] play tennis, racquetball or any musical instruments.

"I feel pain and numbness in both hands and arms. I first noticed it on June 14, 1999, while at work on the keyboard. My left hand began to go to sleep off and on throughout that day and the following week. On June 11, 1999 my right hand began to do the same as the left. My shoulder and neck would also get tired when lifting, pushing and pulling materials and when using the keyboard. The numbness in the right hand would come and go if I [a]m not using it, but my left hand has not stop[p]ed since the first day. Any type of activities even driving makes it hurt.

"I have n[ot] had any previous injuries to my hand, arm or wrist. I have not been diagnosed with gout, diabetes or ganglion. I was told that I may possibly have arthritis in my knee but have not had treatment for it. I was also diagnosed with hypothyroidism in the past but recent tests are negative."

Appellant also submitted a nerve conduction study report from Dr. Douglas Wisor at the employing establishment's medical center dated June 29, 1999. Dr. Wisor indicated appellant's history of illness noting that appellant has numbness and aching in hands with occasional tightness in the scapular region. He noted the nerve conduction study results performed on appellant were within normal limits with no fibrillation potentials or positive sharp waves. Dr. Wisor also stated that appellant had no electrodiagnostic evidence of compressive neuropathy or radiculopathy. He stated that appellant may have "early carpal tunnel syndrome that still has not resulted in abnormal nerve conduction velocity. It is reasonable to treat conservatively and repeat test if symptoms persist in three to six months." He also recommended a magnetic resonance imaging (MRI) scan if needed.

In a July 20, 1999 medical report from Dr. Peter O. Holliday, III, a Board-certified neurological surgeon, he noted:

"[Appellant's] cervical MRI [magnetic resonance imaging] [scan] was done on July 15, 1999. [A]ccording to the saggital and axial, it appears that she has a herniated disc somewhat eccentric to the left. It is effacing the ventral thecal sac and on the axial images, it is rotating the cord slightly to the left. I think this is the source of her pain.

"She has not had any physical therapy. I am putting her into cervical therapy with traction, 5 [to] 8 pounds for 30 minutes along with ultrasound, massage and heat 3 times per week for 3 weeks. I [ha]ve switched her medication to Wygesic. Will see how she does and check her back in about three weeks.

By decision dated September 2, 1999, the Office issued a decision denying appellant's claim for failure to submit sufficient evidence necessary to support her claim. The Office stated:

“Evidence received ... was not sufficient because there is no indication that the duties you perform are repetitive. In addition, there is no medical report, which contains a history of the event on June 11, 1999, or statement of relationship between your condition and the alleged work factors.”

The Board finds that appellant did not meet her burden of proof to establish that she sustained carpal tunnel syndrome in the performance of duty as alleged.

An employee seeking benefits under the Federal Employees' Compensation Act has the burden of establishing the essential elements of his or her claim including the fact that the individual is an “employee of the United States” within the meaning of the Act, that the claim was timely filed within the applicable time limitation period of the Act, that an injury was sustained in the performance of duty as alleged and that any disability and/or specific condition for which compensation is claimed are causally related to the employment injury.¹ These are the essential elements of each compensation claim regardless of whether the claim is predicated upon a traumatic injury or occupational disease.²

To establish that an injury was sustained in the performance of duty in an occupational disease claim, a claimant must submit the following: (1) medical evidence establishing the presence or existence of the disease or condition for which compensation is claimed; (2) a factual statement identifying employment factors alleged to have caused or contributed to the presence or occurrence of the disease or condition; and (3) medical evidence establishing that the employment factors identified by the claimant were the proximate cause of the condition for which compensation is claimed or, stated differently, medical evidence establishing that the diagnosed condition is causally related to the employment factors identified by the claimant. The medical evidence required to establish a causal relationship is rationalized medical opinion evidence. Rationalized medical opinion evidence is medical evidence which includes a physician's rationalized opinion on the issue of whether there is a causal relationship between the claimant's diagnosed condition and the implicated employment factors. The opinion of the physician must be based on a complete factual and medical background of the claimant, 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 claimant.³

Regarding the diagnosis of appellant's condition, in support of her claim, appellant submitted a June 11, 1999 medical report from Dr. Bennion, in which he diagnosed early bilateral carpal tunnel syndrome, a June 29, 1999 nerve conduction study report from Dr. Wisor

¹ *Elaine Pendleton*, 40 ECAB 1143, 1145 (1989); *Ruthie M. Evans*, 41 ECAB 416, 423-25 (1990).

² *See Delores C. Ellyett*, 41 ECAB 992, 994 (1990).

³ *Victor J. Woodhams*, 41 ECAB 345, 351-52 (1989).

indicating no abnormalities in appellant's nerve conduction velocity and further testing if needed and Dr. Holliday's July 20, 1999 medical report in which he diagnosed cervical herniation C6-7.

Dr. Bennion did not support his diagnosis of early bilateral carpal tunnel syndrome with adequate findings and the nerve condition study did not support this diagnosis. The diagnosis of C6-7 disc herniation was supported by the MRI scan.

Appellant did describe keying activities as well as lifting and pushing, requiring the use of her arms, as the employment factors which caused her alleged injury. While the Office analyzed this case as a traumatic injury, appellant's claim was for occupational injury.

In order for the diagnosed condition to be covered under the Act, the evidence must demonstrate that the essential element of causal relationship has been met. The question of causal relationship is a medical issue, which usually requires a reasoned medical opinion for resolution. Causal relationship may be established by means of direct causation, aggravation, acceleration or precipitation. None of the evidence submitted offered any medical rationale to explain how specific employment factors caused or contributed to the diagnosed conditions. Dr. Holliday was the only physician of record who diagnosed cervical herniation and his medical report offered no medical rationale relating this diagnosis to appellant's employment factors.

Appellant did not submit sufficient medical evidence to establish that she sustained carpal tunnel syndrome or a herniated disc in the performance of duty causally related to factors of her employment.

The decision of the Office of Workers' Compensation Programs dated September 2, 1999 is affirmed.

Dated, Washington, DC
January 16, 2001

Michael J. Walsh
Chairman

David S. Gerson
Member

Willie T.C. Thomas
Member