

**United States Department of Labor  
Employees' Compensation Appeals Board**

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CASSANDRA L. PAGE, Appellant )

and )

DEPARTMENT OF VETERANS AFFAIRS, )  
VETERANS ADMINISTRATION MEDICAL )  
CENTER, St. Louis, MO, Employer )

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**Docket No. 05-280  
Issued: April 7, 2005**

*Appearances:*  
Cassandra L. Page, pro se  
Office of Solicitor, for the Director

*Case Submitted on the Record*

**DECISION AND ORDER**

Before:

DAVID S. GERSON, Alternate Member  
WILLIE T.C. THOMAS, Alternate Member  
MICHAEL E. GROOM, Alternate Member

**JURISDICTION**

On November 12, 2004 appellant filed a timely appeal from the Office of Workers' Compensation Programs' October 14, 2004 merit decision denying her claim that she sustained right carpal tunnel syndrome and a right thumb condition, due to her January 2, 2004 employment injury. Pursuant to 20 C.F.R. §§ 501.2(c) and 501.3(d)(2), the Board has jurisdiction over the merits of this case.

**ISSUE**

The issue is whether appellant met her burden of proof to establish that she sustained right carpal tunnel syndrome and a right thumb condition due to her January 2, 2004 employment injury.

**FACTUAL HISTORY**

On January 5, 2004 appellant, then a 41-year-old lab technician, filed a traumatic injury claim alleging that she sustained injury to the knuckles of two fingers on her right hand on

January 2, 2004. She claimed that while she was putting an animal into a bio-hazard container she hit her hand on the door of the container in an attempt to get away from a coworker. Appellant did not stop work but began working in a light-duty position on January 9, 2004.

In a report dated January 8, 2004, Dr. Sandra E. Klein, an attending resident physician, indicated that appellant reported pain and numbness in her right thumb since an injury at work on January 2, 2004.<sup>1</sup> Dr. Klein noted that appellant reported that she sustained injury to the long interspace of her right index finger but did not recall striking her thumb in any way. She indicated that appellant had symptoms consistent with carpal tunnel syndrome.

In form reports dated between January 5 and February 5, 2004, Dr. Matthew McCall, an attending physician Board-certified in preventive medicine, recommended work restrictions and variously diagnosed contusion of the right hand, contusion of the right third finger, and contusion of the right thumb due to the January 2, 2004 employment injury. Appellant continued to submit treatment notes detailing her right hand condition. The notes indicated that she reported that her right finger symptoms subsided somewhat but that she continued to have substantial pain and numbness in her right thumb.

The record contains the findings of February 2, 2004 nerve conduction studies, which indicated normal results for the right upper extremity with no evidence of median neuropathy or carpal tunnel syndrome.

In a report dated March 30, 2004, Dr. Carlos L. Farias, Jr., an attending Board-certified surgeon, stated that appellant reported striking her hand three months prior between the right index and middle finger metacarpal joints. Dr. Farias indicated that appellant complained of pain in her right thumb and right index finger. He noted that she had positive Tinel's and Phalen's signs and diagnosed probable right carpal tunnel syndrome. In a form report dated March 30, 2004, Dr. Farias diagnosed possible right carpal tunnel syndrome due to the January 2, 2004 employment injury.<sup>2</sup>

On April 30, 2004 the Office accepted appellant's claim for contusion of the third knuckle of the right hand.<sup>3</sup> Appellant later claimed that she sustained right carpal tunnel syndrome and a right thumb condition due to her January 2, 2004 employment injury.<sup>4</sup>

Appellant continued to submit treatment notes detailing her right hand condition; a number of these reports indicated that she complained of right wrist pain.

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<sup>1</sup> Dr. Klein is not listed as Board-certified in the medical directories.

<sup>2</sup> In a form report dated May 14, 2004, Dr. Farias diagnosed right hand injury due to the January 2, 2004 employment injury.

<sup>3</sup> The record contains a May 4, 2004 letter, in which the Office suggests that it did not accept that appellant sustained an employment-related condition. However, the content and context of the letter shows that it constitutes a request for more medical evidence to clarify the precise extent of appellant's injury.

<sup>4</sup> Appellant called the Office in May 2004 and indicated that "the statement concerning her hitting [her] third knuckle" was wrong, but she did not provide any further clarification of this statement.

By decision dated May 4, 2004, the Office denied appellant's claim on the grounds that she did not submit sufficient medical evidence to establish that she sustained right carpal tunnel syndrome or a right thumb condition due to her January 2, 2004 employment injury.

### **LEGAL PRECEDENT**

An employee seeking benefits under the Federal Employees' Compensation Act<sup>5</sup> 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.<sup>6</sup> The medical evidence required to establish a causal relationship between a claimed period of disability and an employment injury 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 compensable 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.<sup>7</sup>

### **ANALYSIS**

Appellant filed a traumatic injury claim alleging that she sustained injury on January 2, 2004 when she struck the knuckles of two fingers on her right hand on a door at work.<sup>8</sup> The Office accepted appellant's claim for contusion of the third knuckle of the right hand and appellant later claimed that she sustained right carpal tunnel syndrome and a right thumb condition due to her January 2, 2004 employment injury. The Board finds that appellant did not submit sufficient medical evidence to establish that she sustained right carpal tunnel syndrome or a right thumb condition due to her January 2, 2004 employment injury.

In a report dated January 8, 2004, Dr. Klein, an attending resident physician, indicated that appellant reported pain and numbness in her right thumb since an injury at work on January 2, 2004 and indicated that she had symptoms consistent with carpal tunnel syndrome.<sup>9</sup> This report, however, is of limited probative value on the relevant issue of the case in that it does not contain any opinion on causal relationship.<sup>10</sup>

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<sup>5</sup> 5 U.S.C. §§ 8101-8193.

<sup>6</sup> *Elaine Pendleton*, 40 ECAB 1143, 1145 (1989).

<sup>7</sup> *See Donna Faye Cardwell*, 41 ECAB 730, 741-42 (1990).

<sup>8</sup> She later indicated that she struck her hand between the right index and middle finger metacarpal joints.

<sup>9</sup> Dr. Klein is not listed as Board-certified in the medical directories.

<sup>10</sup> *See Charles H. Tomaszewski*, 39 ECAB 461, 467-68 (1988) (finding that 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).

In a form report dated March 30, 2004, Dr. Farias, an attending Board-certified surgeon, diagnosed possible right carpal tunnel syndrome due to the January 2, 2004 employment injury.<sup>11</sup> This report, however, is of limited probative value on the relevant issue of the present case in that Dr. Farias did not provide adequate medical rationale in support of his conclusion on causal relationship.<sup>12</sup> He did not describe the January 2, 2004 employment incident in any detail or explain how it could have caused carpal tunnel syndrome. Such rationale is especially necessary in the present case as it appears appellant only struck her hand between the right index and middle finger metacarpal joints. Moreover, Dr. Farias did not explain how his diagnosis comported with the findings of February 2, 2004 nerve conduction studies, which indicated normal results for the right upper extremity with no evidence of median neuropathy or carpal tunnel syndrome.

In several form reports dated between January 5 and February 5, 2004, Dr. McCall, an attending physician Board-certified in preventive medicine, variously diagnosed contusion of the right hand, contusion of the right third finger and contusion of the right thumb due to the January 2, 2004 employment injury. Given that Dr. McCall diagnosed several different conditions within a short period, his opinion on the nature of appellant's right hand condition must be considered equivocal in nature.<sup>13</sup> He did not provide a rationalized medical opinion explaining how the January 2, 2004 employment incident, which did not involve a striking of the right thumb, could be competent to cause a right thumb injury.

### CONCLUSION

The Board finds that appellant did not meet her burden of proof to establish that she sustained right carpal tunnel syndrome and a right thumb condition due to her January 2, 2004 employment injury.

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<sup>11</sup> In a report dated March 30, 2004, Dr. Farias noted that appellant had positive Tinel's and Phalen's signs and diagnosed probable right carpal tunnel syndrome.

<sup>12</sup> See *Leon Harris Ford*, 31 ECAB 514, 518 (1980) (finding that a medical report is of limited probative value on the issue of causal relationship if it contains a conclusion regarding causal relationship which is unsupported by medical rationale).

<sup>13</sup> See *Leonard J. O'Keefe*, 14 ECAB 42, 48 (1962); *James P. Reed*, 9 ECAB 193, 195 (1956) (finding that an opinion which is equivocal is of limited probative value regarding the issue of causal relationship).

**ORDER**

**IT IS HEREBY ORDERED THAT** the Office of Workers' Compensation Programs' October 14, 2004 decision is affirmed.

Issued: April 7, 2005  
Washington, DC

David S. Gerson  
Alternate Member

Willie T.C. Thomas  
Alternate Member

Michael E. Groom  
Alternate Member