

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

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**J.H., Appellant** )

and )

**U.S. POSTAL SERVICE, BOYCEVILLE POST** )  
**OFFICE, Boyceville, WI, Employer** )  
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**Docket No. 23-0159**  
**Issued: August 1, 2023**

*Appearances:*  
*Appellant, pro se*  
*Office of Solicitor, for the Director*

*Case Submitted on the Record*

**DECISION AND ORDER**

Before:

ALEC J. KOROMILAS, Chief Judge  
PATRICIA H. FITZGERALD, Deputy Chief Judge  
VALERIE D. EVANS-HARRELL, Alternate Judge

**JURISDICTION**

On November 10, 2022 appellant filed a timely appeal from an October 11, 2022 merit decision of the Office of Workers' Compensation Programs (OWCP). Pursuant to the Federal Employees' Compensation Act<sup>1</sup> (FECA) and 20 C.F.R. §§ 501.2(c) and 501.3, the Board has jurisdiction over the merits of this case.

**ISSUE**

The issue is whether appellant has met her burden of proof to establish a bilateral upper extremity condition causally related to the accepted factors of her federal employment.

**FACTUAL HISTORY**

On February 2, 2022 appellant, then a 54-year-old rural carrier associate, filed an occupational disease claim (Form CA-2) alleging that she developed forearm and wrist pain due to factors of her federal employment. She noted that she first became aware of her condition on

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<sup>1</sup> 5 U.S.C. § 8101 *et seq.*

January 24, 2022 and realized its relation to her federal employment on January 30, 2022. Appellant did not immediately stop work.

On February 1, 2022 Dr. Larry C. Studt, a Board-certified family practitioner, treated appellant for pain and swelling in her forearms. Appellant reported being off work prior to January 24, 2022 due to a nonwork-related medical condition, and upon her return she developed severe pain in her forearms. She worked as a rural mail carrier for six years and performed repetitive activity with her hands. Physical findings on examination revealed edema in the distal portion of appellant's forearms bilaterally and positive Finkelstein's test bilaterally. Dr. Studt diagnosed bilateral forearm pain and work-related accident. He opined that appellant developed overuse tendinitis from performing repetitive duties at work. Dr. Studt provided work restrictions and referred her to occupational therapy. In a return-to-work note dated February 1, 2022, he diagnosed bilateral forearm tendinitis and indicated with a checkmark "Yes" that appellant's injury was caused by an employment activity. Dr. Studt returned her to work with restrictions.

In an undated narrative statement, appellant indicated that she returned to work on January 24, 2022 after being off work due to COVID-19 and pneumonia. She noted soreness and swelling in her forearms and wrists as the day progressed and she had trouble grasping mail, holding mail to be cased, putting mail in mailboxes, and delivering packages. Appellant indicated that her duties included casing flats, which required constant flipping of the wrists, lifting and loading packages onto a cart and into her vehicle, flipping and closing mailboxes, lifting and carrying packages to residences, garages, and containers, and then scanning the packages. She reported having no previous injuries to her hands and wrist.

In a February 9, 2022 development letter, OWCP informed appellant of the deficiencies of her claim. It advised her of the type of factual and medical evidence necessary to establish her claim and provided a questionnaire for her completion. OWCP afforded appellant 30 days to respond.

The employing establishment, thereafter, challenged appellant's claim, noting that she never reported an injury or accident to management when at work on January 18 and 19, 2022. The postmaster asserted that appellant only worked nine days since January 25, 2022.

OWCP subsequently received a return-to-work note dated February 8, 2022, wherein Dr. Studt diagnosed bilateral forearm tendinitis and noted with a checkmark "Yes" that appellant's injury was caused by an employment activity. Dr. Studt returned her to work full time with restrictions. In a duty status report (Form CA-17) dated February 16, 2022, he related clinical findings and diagnosed bilateral forearm pain. Dr. Studt returned appellant to work with restrictions. In a letter dated February 17, 2022, he related her treatment history and diagnosis of bilateral forearm and wrist tendinitis.

In a February 12, 2022 response to OWCP's development letter, appellant noted working as a rural carrier for over five years and as a substitute carrier for two years prior to that time. She reported being off work since December 27, 2021 due to COVID-19 and was unsuccessful returning to work the week of January 16, 2022 as she was having difficulty catching her breath. Appellant returned to work on January 24, 2022 and experienced bilateral forearm and wrist pain

while performing repetitive duties. She worked nine days before stopping work again. Appellant indicated that she did not participate in extracurricular activities.

On February 16, 2022 appellant responded to the employing establishment's challenge of her claim and indicated that she reported her forearm and wrist swelling to her supervisor on January 25, 2022.

In a development letter dated February 22, 2022, OWCP requested that the employing establishment provide additional information regarding appellant's occupational disease claim. It afforded the employing establishment 30 days to respond.

On March 3, 2022 the employing establishment responded that appellant's job duties included continuous pinching and grasping of mail throughout the entire day, approximately nine hours per day, five to six days per week. It noted that there was nothing that could be done to minimize the effects of the job duties due to the job requirements. The employing establishment also submitted the job description for a rural carrier.

OWCP continued to receive medical evidence. On February 8, 2022 Dr. Studt treated appellant in follow up for bilateral forearm pain. He diagnosed pain of the bilateral forearm, tendinitis of elbow or forearm, and work-related injury. Dr. Studt related in a February 22, 2022 progress note that appellant's condition continued to improve with occupational therapy and work restrictions. He noted that she was off work for approximately two months for an unrelated medical condition and upon returning she developed pain in her bilateral forearms. Appellant could not recall any other activities that would have led to her forearms swelling and hurting and attributed her condition to performing repetitive duties at work. Dr. Studt diagnosed pain of the forearms, tendinitis of the elbow or forearm, and work-related injury. He continued appellant's work restrictions. In a return-to-work note of even date, Dr. Studt diagnosed bilateral forearm tendinitis and noted with a checkmark "Yes" that her injury was caused by an employment activity. He noted no change in previous work restrictions. Dr. Studt examined appellant on March 8 and 25, 2022 for bilateral forearm tendinitis. He diagnosed pain of forearms, tendinitis of elbow or forearm, and work-related injury. In a March 8, 2022 return-to-work note, Dr. Studt diagnosed bilateral forearm tendinitis and returned appellant to work for half a day of unrestricted duty and half a day of restricted duty. In a return-to-work note dated March 25, 2022, he returned her to work without restrictions.

By decision dated April 8, 2022, OWCP denied appellant's occupational disease claim, finding that the medical evidence of record was insufficient to establish that her bilateral forearm and wrist conditions were causally related to the accepted factors of her federal employment.

On July 26, 2022 appellant, through her then counsel, requested reconsideration.

On April 14, 2022 Dr. Studt treated appellant for numbness and tingling in her right forearm and right fingers. Appellant reported delivering mail the prior weekend that was heavier than normal and experiencing an odd sensation in her right forearm and fingers. Dr. Studt diagnosed pain in both forearms, tendinitis of the forearm, and work-related injury. In a return-to-work note of even date, he diagnosed bilateral arm and forearm tendinitis and returned appellant to work full time without restrictions. On May 11, 2022 Dr. Studt related that her symptoms

presented after several days of performing repetitive duties at work and opined that these activities contributed to her bilateral tendinitis symptoms.

In a report dated July 13, 2022, Dr. Linda Go, a Board-certified physiatrist, treated appellant and described her work duties of repetitive lifting, carrying, pushing/pulling, and gripping items that weighed up to 70 pounds. She explained that the repetitive force, high intensity, and stress contributed to appellant's bilateral tendinitis.

By decision dated October 11, 2022, OWCP denied modification of the April 8, 2022 decision.

### **LEGAL PRECEDENT**

A claimant seeking benefits under FECA<sup>2</sup> has the burden of proof to establish the essential elements of his or her claim, including that the individual is an employee of the United States within the meaning of FECA, that the claim was timely filed within the applicable time limitation of FECA,<sup>3</sup> that an injury was sustained in the performance of duty as alleged, and that any disability or medical condition for which compensation is claimed is causally related to the employment injury.<sup>4</sup> These are the essential elements of each and every compensation claim, regardless of whether the claim is predicated upon a traumatic injury or an occupational disease.<sup>5</sup>

To establish that an injury was sustained in the performance of duty in an occupational disease claim, a claimant must submit: (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 identified employment factors.

Causal relationship is a medical question that requires rationalized medical opinion evidence to resolve the issue.<sup>6</sup> The opinion of the physician must be based upon a complete factual and medical background, 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.<sup>7</sup>

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<sup>2</sup> *Id.*

<sup>3</sup> *F.H.*, Docket No.18-0869 (issued January 29, 2020); *J.P.*, Docket No. 19-0129 (issued December 13, 2019); *Joe D. Cameron*, 41 ECAB 153 (1989).

<sup>4</sup> *L.C.*, Docket No. 19-1301 (issued January 29, 2020); *J.H.*, Docket No. 18-1637 (issued January 29, 2020); *James E. Chadden, Sr.*, 40 ECAB 312 (1988).

<sup>5</sup> *P.A.*, Docket No. 18-0559 (issued January 29, 2020); *K.M.*, Docket No. 15-1660 (issued September 16, 2016); *Delores C. Ellyett*, 41 ECAB 992 (1990).

<sup>6</sup> *I.J.*, Docket No. 19-1343 (issued February 26, 2020); *T.H.*, 59 ECAB 388 (2008); *Robert G. Morris*, 48 ECAB 238 (1996).

<sup>7</sup> *D.C.*, Docket No. 19-1093 (issued June 25, 2020); *see L.B.*, Docket No. 18-0533 (issued August 27, 2018).

## ANALYSIS

The Board finds that appellant has not met her burden of proof to establish a bilateral upper extremity condition causally related to the accepted factors of her federal employment.

On February 1 and 22, 2022 Dr. Studt treated appellant for pain and swelling in her forearms and diagnosed bilateral forearm pain, tendinitis of the forearm, and work-related injury. He opined that she developed overuse tendinitis from performing repetitive duties at work. On April 14, 2022 Dr. Studt treated appellant and diagnosed pain in both forearms, tendinitis of the forearm, and work-related injury. On May 11, 2022 he advised that her symptoms presented after several days of working and performing repetitive activities and opined that these activities contributed to and temporarily aggravated her bilateral tendinitis symptoms. Likewise, on July 13, 2022, Dr. Go described appellant's work duties of repetitive lifting, carrying, pushing/pulling, and gripping items that weighed up to 70 pounds and opined that the repetitive force, high intensity, and stress contributed to her appellant's tendinitis. Although Drs. Studt and Go's reports support causal relationship between appellant's bilateral forearm pain and tendinitis and the accepted factors of appellant's federal employment, they did not provide rationale explaining their conclusions. The Board has held that, without explaining the mechanism of injury by which the repetitive movements involved in appellant's employment duties caused or contributed to the diagnosis, Drs. Studt and Go's opinions are of limited probative value.<sup>8</sup> Thus, these reports are insufficient to establish the claim.

In reports dated February 8 and 17, and March 8 and 25, 2022, Dr. Studt treated appellant for swelling and pain in both forearms and diagnosed pain of bilateral forearms, tendinitis of elbow or forearm, and work-related injury. However, he did not provide an opinion on the cause of her condition. The Board has held that medical evidence that does not offer an opinion regarding the cause of an employee's condition or disability is of no probative value on the issue of causal relationship.<sup>9</sup> As Dr. Studt did not address causal relationship, his reports are insufficient to meet appellant's burden of proof.<sup>10</sup>

In a Form CA-17 dated February 14, 2022, Dr. Studt diagnosed bilateral forearm pain and tendinitis and returned appellant to work with restrictions. However, he did not offer an opinion on causal relationship. As noted above, the Board has held that medical evidence that does not offer an opinion regarding the cause of an employee's condition or disability is of no probative value on the issue of causal relationship.<sup>11</sup> Dr. Studt's form report is therefore insufficient to meet appellant's burden of proof.

In return-to-work notes dated February 1, 8, and 22, March 8 and 25, and April 14, 2022, Dr. Studt diagnosed bilateral forearm tendinitis and noted with a checkmark "Yes" that appellant's

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<sup>8</sup> *Y.F.*, Docket No. 19-1576 (issued August 4, 2020); *see A.P.*, Docket No. 19-0224 (issued July 11, 2019).

<sup>9</sup> *See L.B.*, *supra* note 7; *see also C.S.*, Docket No. 21-0354 (issued June 27, 2023); *D.K.*, Docket No. 17-1549 (issued July 6, 2018).

<sup>10</sup> *T.R.*, Docket No. 18-1272 (issued February 15, 2019).

<sup>11</sup> *Supra* note 9.

injury was caused by an employment activity. However, the Board has held that an opinion on causal relationship with an affirmative check mark, without more by way of medical rationale, is insufficient to establish the claim.<sup>12</sup> As such, these reports are insufficient to establish appellant's claim.

As the medical evidence of record is insufficient to establish causal relationship between a medical condition and the accepted factors of federal employment, the Board finds that appellant has not met her burden of proof.

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 a bilateral upper extremity condition causally related to the accepted factors of her federal employment.

**ORDER**

**IT IS HEREBY ORDERED THAT** the October 11, 2022 decision of the Office of Workers' Compensation Programs is affirmed.

Issued: August 1, 2023  
Washington, DC

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

Patricia H. Fitzgerald, Deputy Chief Judge  
Employees' Compensation Appeals Board

Valerie D. Evans-Harrell, Alternate Judge  
Employees' Compensation Appeals Board

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<sup>12</sup> See *C.S.*, Docket No. 18-1633 (issued December 30, 2019); *D.S.*, Docket No. 17-1566 (issued December 31, 2018); *Lillian M. Jones*, 34 ECAB 379, 381 (1982).