

FACTUAL HISTORY

On April 11, 2022 appellant, then a 59-year-old city delivery specialist, filed an occupational disease claim (Form CA-2) alleging that she sustained severe tendinitis in both hands due to factors of her federal employment including fingering, delivering mail, and handling packages. She indicated that she first became aware of the injury on February 2, 2022 and its relation to her work on April 4, 2022. Appellant did not stop work.

An April 7, 2022 x-ray of appellant's right hand read by Dr. Ranjiv Kumar Saini, a Board-certified radiologist, revealed no evidence of acute fracture, dislocation, or osseous lesion, normal carpal and metacarpal bone alignment, and preserved joint spaces. Dr. Saini concluded that the right hand was normal. An x-ray of appellant's left hand revealed an old fracture involving the third metacarpal, no acute fracture.

An April 7, 2022 report from a nurse practitioner noted that appellant presented with left and right hand index finger pain which she had been experiencing for the past month. Appellant believed that her pain was due to repetitive motions required by her work duties. The nurse practitioner diagnosed tendinitis of index finger of left hand and right hand and acquired trigger finger of left index finger.

OWCP received April 7, 2022 duty status report (Form CA-17) from Dr. Todd Bouchard, a family medicine specialist, which noted that appellant had over-use of both index fingers and developed pain, swelling, limited range of motion of the fingers, and a trigger finger with left index finger. Dr. Bouchard provided light-duty restrictions.

In an April 12, 2022 report, Dr. Bouchard noted that appellant presented for follow up of her left hand index finger as she had no improvement. He noted that she had not been working and that she had an old third finger injury. Dr. Bouchard examined appellant and diagnosed tendinitis of finger of left hand, acquired trigger finger of left index finger, and tendinitis of finger of right hand. He opined that the injury was sustained on April 5, 2022 and was "most likely" caused by repetitive grasping.

By development letter dated April 22, 2022, OWCP informed appellant that additional medical evidence was necessary to establish her claim. It advised her of the type of medical and factual evidence necessary to establish the claim and provided a questionnaire for her completion. OWCP afforded appellant 30 days to submit the necessary information.

In reports dated April 9 and 28, May 13, and June 7, 2022, Dr. Bouchard diagnosed acquired trigger finger of left index finger, tendinitis of finger of left hand, and tendinitis of finger of right hand. He opined that the injury was sustained on April 5, 2022 and was "most likely" caused by repetitive grasping.

OWCP also received April 7, 9, 12, and 28, May 13, and June 7, 2022 (Form CA-17's) from Dr. Bouchard wherein he described palpable triggering of left index finger and noted "repetitive use" in response to how the injury occurred. Dr. Bouchard also recommended a return to work on April 13, 2022 with restrictions related to simple grasping and fine manipulation.

In a June 18, 2022 statement, appellant indicated that she began noticing shooting/stabbing pains in her hands that made it hard to grasp and hold mail and packages, which was required for her job as a letter carrier. She explained that she continued to work until on or about April 6, 2022, when she could hardly hold anything due to extreme hand pain. Appellant explained that she sought treatment on April 7, 2022 and was diagnosed with tendinitis in her hands, with the left worse than the right. She noted that she had performed her duties for 16 years, and that her physician determined that her hand conditions were caused by her job.

By decision dated July 14, 2022, OWCP denied appellant's occupational disease claim. It accepted her employment factors, but found that the medical evidence of record was insufficient to establish that her diagnosed medical conditions were causally related to the accepted employment factors.

LEGAL PRECEDENT

An employee seeking benefits under FECA³ has the burden of proof to establish 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 FECA, that the claim was timely filed within the applicable time limitation period of FECA,⁴ and 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.⁵ 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.⁶

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 employment factors identified by the claimant.⁷

³ *Supra* note 1.

⁴ *See K.W.*, Docket No. 21-0839 (issued January 31, 2023); *S.C.*, Docket No. 18-1242 (issued March 13, 2019); *S.B.*, Docket No. 17-1779 (issued February 7, 2018); *J.P.*, 59 ECAB 178 (2007); *Joe D. Cameron*, 41 ECAB 153 (1989).

⁵ *T.H.*, Docket No. 18-1736 (issued March 13, 2019); *J.M.*, Docket No. 17-0284 (issued February 7, 2018); *R.C.*, 59 ECAB 427 (2008); *James E. Chadden, Sr.*, 40 ECAB 312 (1988).

⁶ *T.E.*, Docket No. 18-1595 (issued March 13, 2019); *K.M.*, Docket No. 15-1660 (issued September 16, 2016); *L.M.*, Docket No. 13-1402 (issued February 7, 2014); *Delores C. Ellyett*, 41 ECAB 992 (1990).

⁷ *S.C.*, *supra* note 4; *R.H.*, 59 ECAB 382 (2008).

Causal relationship is a medical issue, and the medical evidence required to establish causal relationship is rationalized medical opinion evidence.⁸ The opinion of the physician must be based on a complete factual and medical background of the employee, 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 specific employment factors identified by the employee.⁹

In a case in which a preexisting condition involving the same part of the body is present and the issue of causal relationship, therefore, involves aggravation, acceleration, or precipitation, the physician must provide a rationalized medical opinion that differentiates between the effects of the work-related injury or disease and the preexisting condition.¹⁰

ANALYSIS

The Board finds that appellant has not met her burden of proof to establish to establish bilateral hand conditions causally related to the accepted factors of her federal employment duties.

In support of her claim, appellant submitted a series of reports dated April 9 to June 7, 2022 from Dr. Bouchard, who diagnosed tendinitis of finger of left hand, acquired trigger finger of left index finger, and tendinitis of finger of right hand. Dr. Bouchard opined that her finger conditions were “most likely” caused by repetitive grasping. The Board has held that medical opinions that are speculative or equivocal are of diminished probative value.¹¹ While Dr. Bouchard provided an “affirmative” opinion on causal relationship, he did not offer medical rationale sufficient to explain how the accepted employment factors caused or contributed to the diagnosed conditions. The Board has held that a medical opinion should offer a medically sound and rationalized explanation of how the specific employment factors physiologically caused or aggravated the diagnosed conditions.¹² Medical evidence which does not explain the nature of the relationship between the diagnosed conditions and the specific employment factors, is insufficient to meet the claimant’s burden of proof.¹³ The need for medical rationale is particularly important since Dr. Bouchard noted that appellant had a prior finger injury.¹⁴ In any case where a preexisting condition involving the same part of the body is present and the issue of causal relationship,

⁸ *A.M.*, Docket No. 18-1748 (issued April 24, 2019); *T.H.*, 59 ECAB 388, 393 (2008); *Robert G. Morris*, 48 ECAB 238 (1996).

⁹ *R.G.*, Docket No. 18-0792 (issued March 11, 2020); *D.J.*, Docket No. 19-1301 (issued January 29, 2020); *I.J.*, 59 ECAB 408 (2008); *Victor J. Woodhams*, 41 ECAB 345, 352 (1989).

¹⁰ Federal (FECA) Procedure Manual, Part 2 -- Claims, *Causal Relationship*, Chapter 2.805.3e (January 2013). See *C.W.*, Docket No. 20-1582 (issued December 22, 2022); *C.F.*, Docket No. 20-0222 (issued December 21, 2020).

¹¹ *Id.* at Chapter 2.810.5(c)(3); *D.S.*, Docket No. 20-0384 (issued October 8, 2020); *H.A.*, Docket No. 18-1455 (issued August 23, 2019).

¹² See *T.L.*, Docket No. 23-0073 (issued January 9, 2023); see *V.D.*, Docket No. 20-0884 (issued February 12, 2021); *Y.D.*, Docket No. 16-1896 (issued February 10, 2017).

¹³ See *M.G.*, Docket No. 22-1119 (issued November 15, 2022); *L.B.*, Docket No. 18-0533 (issued August 27, 2018); *A.P.*, Docket No. 19-0224 (issued July 11, 2019); *D.K.*, Docket No. 17-1549 (issued July 6, 2018).

¹⁴ See *R.B.*, Docket No. 19-1527 (issued July 20, 2020); *R.S.*, Docket No. 19-1774 (issued April 3, 2020).

therefore, involves aggravation, acceleration, or precipitation, the physician must provide a rationalized medical opinion that differentiates between the effects of the work-related injury or disease and the preexisting condition.¹⁵ Therefore, the Board finds that these reports from Dr. Bouchard are insufficient to meet appellant's burden of proof.

The Board received duty status reports (Form CA-17) dated April 7, 9, 12, and 28, May 13, and June 7, 2022 from Dr. Bouchard. These reports simply indicate repetitive use in response to how the injury occurred and fail to provide a rationalized medical opinion explaining how repetitive motion caused the diagnosed condition.¹⁶ Thus, these reports have no probative value and are insufficient to establish the claim.

The record contains an April 7, 2022 report from a nurse practitioner who noted that appellant related that her conditions were caused by repetitive activities at work. However, certain healthcare providers such as physician assistants, nurse practitioners, and physical therapists are not considered physicians as defined under FECA.¹⁷ Consequently, their reports will not suffice for purposes of establishing entitlement to FECA benefits.¹⁸

OWCP also received April 7, 2022 x-rays of the right and left hands. However, the Board has held that diagnostic reports, standing alone, lack probative value on the issue of causal relationship, as they do not provide an opinion as to whether the accepted employment factors caused a diagnosed condition.¹⁹ Consequently, the diagnostic reports are insufficient to establish appellant's claim.

As appellant has not submitted rationalized medical evidence establishing causal relationship between her diagnosed medical conditions and the accepted employment factors, the Board finds that she has not met her burden of proof to establish her claim.

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.

¹⁵ See *S.T.*, Docket No. 22-1025 (issued January 3, 2023); see *L.B.*, Docket No. 18-0533 (issued August 27, 2018); *D.K.*, Docket No. 17-1549 (issued July 6, 2018).

¹⁶ *Supra* note 13.

¹⁷ Section 8101(2) provides that physician "includes surgeons, podiatrists, dentists, clinical psychologists, optometrists, chiropractors, and osteopathic practitioners within the scope of their practice as defined by State law," 5 U.S.C. § 8101(2); 20 C.F.R. § 10.5(t). See *supra* note 10 at Chapter 2.805.3a(1) (September 2020); *David P. Sawchuk*, 57 ECAB 316, 320 n.11 (2006) (lay individuals such as physician assistants, nurses, and physical therapists are not competent to render a medical opinion under FECA). See also *M.M.*, Docket No. 20-1649 (issued January 4, 2023) (physician assistants are not considered physicians as defined by FECA); *A.F.*, Docket No. 22-1221 (issued December 8, 2022) (physical therapists are not considered physicians as defined by FECA).

¹⁸ See *M.C.*, Docket No. 19-1074 (issued June 12, 2020) (nurse practitioners are not considered physicians under FECA).

¹⁹ *W.L.*, Docket No. 20-1589 (issued August 26, 2021); *A.P.*, Docket No. 18-1690 (issued December 12, 2019).

CONCLUSION

The Board finds that appellant has not met her burden of proof to establish to establish that her bilateral hand conditions are causally related to the accepted factors of her federal employment duties.

ORDER

IT IS HEREBY ORDERED THAT the July 14, 2022 decision of the Office of Workers' Compensation Programs is affirmed.

Issued: August 8, 2023
Washington, DC

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

Janice B. Askin, Judge
Employees' Compensation Appeals Board

James D. McGinley, Alternate Judge
Employees' Compensation Appeals Board