United States Department of Labor Employees' Compensation Appeals Board

| C.A., Appellant |) | |
|---------------------------------------------------------------------------------------------------------|-------|------------------------------|
| |) | |
| and |) | Docket No. 24-0134 |
| DEPARTMENT OF VETERANS AFFAIRS, WM. JENNINGS BRYAN DORN VA MEDICAL CENTER, Columbia, SC, Employer |))))) | Issued: April 16, 2024 |
| 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 JANICE B. ASKIN, Judge

JURISDICTION

On November 29, 2023 appellant filed a timely appeal from a November 14, 2023 merit decision of the Office of Workers' Compensation Programs (OWCP). Pursuant to the Federal Employees' Compensation Act¹ (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 right carpal tunnel syndrome causally related to the accepted factors of her federal employment.

FACTUAL HISTORY

On September 6, 2023 appellant, then a 45-year-old nurse, filed an occupational disease claim (Form CA-2) alleging that she experienced right thumb and wrist pain due to factors of her

¹ 5 U.S.C. § 8101 *et seq*.

federal employment, including clipping toenails and paring calluses in the nail clinic. She noted that she first became aware of her condition and realized its relationship to her federal employment on September 1, 2023. Appellant stopped work on September 1, 2023.

In a development letter dated September 13, 2023, OWCP informed appellant of the deficiencies of her claim. It advised her of the type of factual and medical evidence needed and provided a questionnaire for her completion. In a separate development letter of the same date, OWCP requested additional information from the employing establishment, including comments from a knowledgeable supervisor. It afforded both parties 60 days to provide the information requested.

In an unsigned report dated September 3, 2023, a health care provider indicated that appellant was evaluated for complaints of hand pain and diagnosed with overuse syndrome of the right hand.

OWCP received a position description for a registered nurse and certificates awarded to appellant for wound, ostomy, and continence, and foot and nail care.

In an undated response to OWCP's development letter, appellant indicated that one of her duties as a registered nurse at her facility was to work in the foot care clinic. She explained that as a certified foot care nurse, she cut mycotic, dystrophic nails and trimmed calluses. Appellant reported that the facility used poor quality nail clippers, which caused the user to increase the number of motions needed to complete a nail reduction session. She indicated that she first noticed an issue with her right hand feeling tired in March 2023. Appellant explained that she sought treatment at urgent care in September 2023 and was diagnosed with overuse of the right hand. She provided a list of dates and the number of nail patients and calluses that she pared.

In a September 28, 2023 response to OWCP's development letter, M.H., appellant's manager, indicated that on September 1 and 6, 2023 she received an email from appellant regarding pain and tingling in her right wrist and numbness in her right hand. She noted that appellant also alleged that the quality of the nail clippers was poor and that she did not have this problem before because her former manager rotated nurses in and out of the nail clinic, so her hand had time to rest and heal. M.H. reported that appellant's duties included nail trimming and callus paring, and that appellant had a patient approximately every 30 minutes between 0800 and 1200 and 1300 and 1530. She indicated that appellant received extensive training in the proper technique to provide nail and callus care to veterans and that disposable centurion nippers and double-action nail nippers were provided.

In a report and appointment note dated October 16, 2023, Dr. John Clavet, a Board-certified physiatrist, indicated that appellant was evaluated for complaints of right-hand numbness and aching pain and sensory disturbance affecting the 1st through 3rd digits. He reported that neurologic examination revealed diminished light touch sensation in the 1st and 2nd digits on the right and 5 out of 5 strength in the bilateral upper extremities. Dr. Clavet noted that an electromyogram and nerve conduction velocity (EMG/NCV) study demonstrated a positive right median sensory comparison study. He diagnosed early, mild carpal tunnel syndrome on the right.

In a report dated October 26, 2023, Dr. Frank K. Noojin, III, a Board-certified orthopedic surgeon, indicated that appellant was evaluated for follow up of right hand, post EMG/NCV study. He noted that she had been experiencing constant numbness in her right hand since March 2023 and that she was employed as a nurse at the employing establishment in podiatry. On physical examination of the right hand, Dr. Noojin observed normal Tinel's sign in the wrist and elbow. Phalen's test was positive on the right. He diagnosed mild carpal tunnel syndrome on the right, verified by EMG/NCV study. Dr. Noojin noted that appellant's job was a nurse at the employing establishment who "works in podiatry and has some increased repetitive use of the right hand."

By decision dated November 14, 2023, OWCP denied appellant's occupational disease claim, finding that the medical evidence of record was insufficient to establish causal relationship between her diagnosed right carpal tunnel syndrome and the accepted factors of her federal employment.

LEGAL PRECEDENT

An employee seeking benefits under FECA² 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,³ 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.⁴ 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.⁵

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.⁶

 $^{^{2}}$ Id.

³ D.D., Docket No. 19-1715 (issued December 3, 2020); S.B., Docket No. 17-1779 (issued February 7, 2018); J.P., 59 ECAB 178 (2007); Joe D. Cameron, 41 ECAB 153 (1989).

⁴ Y.G., Docket No. 20-0688 (issued November 13, 2020); J.M., Docket No. 17-0284 (issued February 7, 2018); R.C., 59 ECAB 427 (2008); James E. Chadden, Sr., 40 ECAB 312 (1988).

⁵ C.H., Docket No. 19-1781 (issued November 13, 2020); 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).

⁶ *T.M.*, Docket No. 20-0712 (issued November 10, 2020); *S.C.*, Docket No. 18-1242 (issued March 13, 2019); *R.H.*, 59 ECAB 382 (2008).

Causal relationship is a medical question that requires rationalized medical opinion evidence to resolve the issue. 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 specific employment factors identified by the claimant. Neither the mere fact that a disease or condition manifests itself during a period of employment, nor the belief that the disease or condition was caused or aggravated by employment factors, is sufficient to establish causal relationship.

ANALYSIS

The Board finds that appellant has not met her burden of proof to establish right carpal tunnel syndrome causally related to the accepted factors of her federal employment.

Appellant submitted a report dated October 26, 2023 by Dr. Noojin who noted that appellant was employed as a nurse at the employing establishment. While he indicated that appellant's work as a nurse involved repetitive use of the right hand, he did not expressly attribute her employment as the cause of her right carpal tunnel syndrome. The Board has held that medical evidence that does not offer an opinion regarding the cause of an employee's condition is of no probative value on the issue of causal relationship. Accordingly, this report is insufficient to establish the claim. 11

In an October 16, 2023 progress report, Dr. Clavet diagnosed early, mild carpal tunnel syndrome on the right, but did not provide an opinion on the cause of appellant's condition. The Board has held that medical evidence that does not offer an opinion regarding the cause of an employee's condition is of no probative value on the issue of causal relationship. ¹² Thus, this report is insufficient to establish appellant's claim.

Appellant also submitted an unsigned report dated September 3, 2023, which noted a diagnosis of overuse syndrome of the right hand. There is no indication that a physician within the meaning of FECA completed any portion of the report. Because there is no indication that the

⁷ *J.F.*, Docket No. 18-0492 (issued January 16, 2020); *A.M.*, Docket No. 18-1748 (issued April 24, 2019); *T.H.*, 59 ECAB 388, 393 (2008); *Robert G. Morris*, 48 ECAB 238 (1996).

⁸ A.M., Docket No. 18-0562 (issued January 23, 2020); I.J., 59 ECAB 408 (2008); Leslie C. Moore, 52 ECAB 132 (2000).

⁹ E.W., Docket No. 19-1393 (issued January 29, 2020); Gary L. Fowler, 45 ECAB 365 (1994).

¹⁰ *J.H.*, Docket No. 20-1645 (issued August 11, 2021); *P.C.*, Docket No. 20-0855 (issued November 23, 2020); *L.B.*, Docket No. 18-0533 (issued August 27, 2018); *D.K.*, Docket No. 17-1549 (issued July 6, 2018).

¹¹ See L.W., Docket No. 23-0176 (issued July 24, 2023).

¹² S.P., Docket No. 22-0711 (issued March 13, 2023); *L.B.*, Docket No. 19-1907 (issued August 14, 2020); *L.B.*, Docket No. 18-0533 (issued August 27, 2018); *D.K.*, Docket No. 17-1549 (issued July 6, 2018).

author is a physician, this report does not constitute medical evidence under FECA and, therefore, does not establish appellant's claim.¹³

As the medical evidence of record is insufficient to establish causal relationship between appellant's right carpal tunnel syndrome and the accepted factors of federal employment, the Board finds that appellant has not met his 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 right carpal tunnel syndrome causally related to the accepted factors of her federal employment.

<u>ORDER</u>

IT IS HEREBY ORDERED THAT the November 14, 2023 decision of the Office of Workers' Compensation Programs is affirmed.

Issued: April 16, 2024 Washington, DC

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

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

Janice B. Askin, Judge Employees' Compensation Appeals Board

¹³ *T.I.*, Docket No. 23-0339 (issued September 11, 2023); *see also C.B.*, Docket No. 09-2027 (issued May 12, 2010); *Merton J. Sills*, 39 ECAB 572, 575 (1988).