United States Department of Labor
Employees' Compensation Appeals Board

E.A., Appellant	)	
	)	
and	)	**Docket No. 24-0181**
	)	**Issued: May 16, 2024**
U.S. POSTAL SERVICE, NEIL STREET POST OFFICE, Champaign, IL, Employer	)	

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
JAMES D. McGINLEY, Alternate Judge

JURISDICTION

On December 17, 2023 appellant filed a timely appeal from a September 5, 2023 merit decision of the Office of Workers' Compensation Programs (OWCP). Pursuant to the Federal Employees' Compensation Act[1] (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 his burden of proof to establish a medical condition causally related to the accepted factors of his federal employment.

FACTUAL HISTORY

On May 18, 2023 appellant, then a 47-year-old rural delivery specialist, filed a traumatic injury claim (Form CA-1) alleging that on October 28, 2020 he sustained carpal tunnel syndrome

[1] 5 U.S.C. § 8101 *et seq.*

while in the performance of duty, which worsened over time due to repetitive casing and delivering of mail.

In a May 25, 2023 development letter, OWCP informed appellant of the deficiencies of his traumatic injury claim. It advised him of the type of factual and medical evidence needed and provided a questionnaire for his completion. OWCP afforded appellant 60 days to respond.

On June 1, 2023 appellant filed an occupational disease claim (Form CA-2) alleging that he developed tingling in his fingers and palms due to factors of his federal employment, which required using his hands to case and deliver mail. He noted that he first became aware of his condition on February 14, 2017 and realized its relation to his federal employment on October 28, 2020.

In a February 14, 2017 report, Dr. Amanda M. Walker, Board-certified in internal medicine, noted that appellant reported he worked continuously, and lifted heavy boxes as part of his employment duties. She reported complaints of right elbow medial pain and numbness in his fingers and noted that he worked for a private company.

In an October 28, 2020 report, Julie A. Young, a physician assistant, reported that appellant presented for evaluation of bilateral upper extremity numbness and tingling, which occurred in the fingers, thumbs, and hands. Appellant reported that his symptoms began three and a half years ago and advised that they would come and go but had recently become more persistent. Ms. Young reported that appellant previously worked for a private company and currently worked for the employing establishment sorting and delivering mail. She diagnosed bilateral carpal tunnel syndrome.

In a January 12, 2021 report, Ms. Young reported that appellant underwent an electromyography (EMG) study on January 5, 2021, which revealed findings consistent with bilateral carpal tunnel syndrome, as well as absent sensory response on both the left and right. Appellant informed her that he needed paperwork to be completed for the employing establishment prior to his surgery.

In an October 28, 2022 report, Ms. Young reported that appellant presented for a follow up of his bilateral upper extremity numbness and tingling, and to discuss timing for surgery as he was starting a new job next week as a mail handler. She noted that appellant requested to schedule the surgery in four to five months, which would require undergoing the left and right carpal tunnel release separately. Ms. Young reported examination findings and diagnosed bilateral carpal tunnel syndrome.

In a March 24, 2023 note, Ms. Young diagnosed bilateral carpal tunnel syndrome.

In a May 25, 2023 operative report, Dr. Clifford B. Johnson, Jr., a Board-certified orthopedic surgeon, reported a diagnosis of left carpal tunnel syndrome, and noted that appellant underwent left carpal tunnel release on that date.

In a May 31, 2023 attending physician's report (Form CA-20), Ms. Young diagnosed bilateral carpal tunnel syndrome. She checked a box marked "Yes" indicating that the diagnosed

conditions were caused or aggravated by the employment activity, noting that the condition began in 2017 with appellant's previous employer.

In a June 6, 2023 letter, the employing establishment controverted the claim.

Appellant subsequently submitted a January 5, 2021 EMG study. He also submitted reports dated March 24 through July 3, 2023 wherein Ms. Young documented treatment for his bilateral carpal tunnel syndrome and postoperative status.

By decision dated July 28, 2023, OWCP denied appellant's claim, finding that the evidence of record was insufficient to establish that the October 28, 2020 employment event(s), as alleged. It concluded, therefore, that the requirements had not been met to establish an injury as defined by FECA.

On August 22, 2023 appellant requested reconsideration.

In support thereof, appellant submitted an undated statement discussing the circumstances surrounding his injury and the medical treatment he received. He also resubmitted medical reports previously of record.

By decision dated September 5, 2023, OWCP modified its July 28, 2023 decision, finding that appellant had submitted evidence establishing that the employment incident occurred as alleged.[2] However, it denied his occupational disease claim, finding that the medical evidence of record was insufficient to establish causal relationship between his diagnosed conditions and the accepted factors of his federal employment.

LEGAL PRECEDENT

An employee seeking benefits under FECA[3] 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,[4] 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

[2] OWCP converted appellant's traumatic injury claim to an occupational disease as he had clarified that his injury was due to factors of his federal employment over the years, including repetitive sorting and, delivering mail, and lifting heavy packages.

[3] *Supra* note 1.

[4] *E.K.*, Docket No. 22-1130 (issued December 30, 2022); *F.H.*, Docket No. 18-0869 (issued January 29, 2020); *J.P.*, Docket No. 19-0129 (issued April 26, 2019); *Joe D. Cameron*, 41 ECAB 153 (1989).

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, an employee must submit the following: (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 employee.[7]

Causal relationship is a medical question that requires rationalized medical opinion evidence to resolve the issue.[8] A physician's opinion on whether there is causal relationship between the diagnosed condition and the implicated employment factor(s) must be based on a complete factual and medical background.[9] Additionally, the physician's opinion must be expressed in terms of a reasonable degree of medical certainty, and must be supported by medical rationale explaining the nature of the relationship between the diagnosed condition and appellant's specific employment factor(s).[10]

ANALYSIS

The Board finds that appellant has not met his burden of proof to establish a medical condition causally related to the accepted factors of his federal employment.[11]

In support of his claim, appellant submitted a February 14, 2017 report, wherein Dr. Walker noted that appellant reported that he worked continuously, and lifted heavy boxes as part of his employment duties. Dr. Walker reported that he had complaints of right elbow medial pain and numbness in his fingers and noted that he worked for a private company. In a May 25, 2023 operative report, Dr. Johnson discussed appellant's left carpal tunnel release surgery on that date. However, both physicians failed to provide any opinion on the cause of a diagnosed medical condition. The Board has held that medical evidence that does not offer an opinion regarding the

[5] *S.H.*, Docket No. 22-0391 (issued June 29, 2022); *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).

[6] *E.H.*, Docket No. 22-0401 (issued June 29, 2022); *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).

[7] *R.G.*, Docket No. 19-0233 (issued July 16, 2019); *see also Roy L. Humphrey*, 57 ECAB 238, 241 (2005); *Ruby I. Fish*, 46 ECAB 276, 279 (1994); *Victor J. Woodhams*, 41 ECAB 345 (1989).

[8] *S.M.*, Docket No. 22-0075 (issued May 6, 2022); *S.S.*, Docket No. 19-0688 (issued January 24, 2020); *A.M.*, Docket No. 18-1748 (issued April 24, 2019); *Robert G. Morris*, 48 ECAB 238 (1996).

[9] *M.V.*, Docket No. 18-0884 (issued December 28, 2018).

[10] *J.D.*, Docket No. 22-0935 (issued December 16, 2022); *T.L.*, Docket No. 18-0778 (issued January 22, 2020); *Y.S.*, Docket No. 18-0366 (issued January 22, 2020); *Victor J. Woodhams*, 41 ECAB 345, 352 (1989).

[11] *C.J.*, Docket No. 22-1015 (issued March 31, 2023); *J.D.*, Docket No. 21-0470 (issued December 2, 2022).

cause of an employee's condition is of no probative value on the issue of causal relationship.[12] Therefore, this evidence is insufficient to establish appellant's claim.

Appellant also submitted reports dated October 28, 2020 through July 3, 2023 signed by Ms. Young, a physician assistant. The Board has held, however, that medical reports signed solely by a physician assistant, registered nurse, or medical assistant are of no probative value as such healthcare providers are not considered physicians as defined under FECA and are, therefore, not competent to provide medical opinions.[13] Consequently, their medical findings and/or opinions will not suffice for the purpose of establishing entitlement to FECA benefits.[14] Accordingly, these reports are insufficient to satisfy appellant's burden of proof.[15]

OWCP also a January 25, 2021 EMG study. However, the Board has held that diagnostic studies, standing alone, lack probative value as they do not address whether the accepted employment factors caused or contributed to the diagnosed conditions.[16] This report is therefore 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 his burden of proof.[17]

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 his burden of proof to establish a medical condition causally related to the accepted factors of his federal employment.

[12] *See L.B.*, Docket No. 18-0533 (issued August 27, 2018); *D.K.*, Docket No. 17-1549 (issued July 6, 2018).

[13] Section 8101(2) (this subsection defines a physician as 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* Federal (FECA) Procedure Manual, Part 2 -- Claims, *Causal Relationship*, Chapter 2.805.3a(1) (January 2013); *see also K.M.*, Docket No. 22-0299 (issued September 1, 2022) (physician assistants are not considered physicians as defined under FECA); *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).

[14] *N.B.*, Docket No. 19-0221 (issued July 15, 2019).

[15] *Id*.

[16] *F.D.*, Docket No. 19-0932 (issued October 3, 2019).

[17] *See I.D.*, Docket No. 22-0848 (issued September 2, 2022).

ORDER

IT IS HEREBY ORDERED THAT the September 5, 2023 decisions of the Office of Workers' Compensation Programs is affirmed.

Issued: May 16, 2024
Washington, DC

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

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

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