

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

tasks as a sales and service associate. He noted that he first became aware of his claimed condition and realized its relation to his federal employment on September 24, 2023.

In a development letter dated February 7, 2024, OWCP informed appellant of the deficiencies of his 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 submit the necessary evidence.

OWCP subsequently received a completed development questionnaire dated February 18, 2024, wherein appellant again described the repetitive motion involved in his federal employment duties.

In an August 9, 2023 clinical summary, Dr. Samir Abdelshaheed, Board-certified in family medicine, reported appellant's complaints of bilateral hand numbness and tingling. He diagnosed bilateral CTS, with bilateral hand numbness and tingling, and bilateral hand pain. On physical examination of both wrists, Dr. Abdelshaheed reported positive carpal compression test, full wrist range of motion (ROM), no instability, positive for numbness, mild swelling, positive for muscle atrophy, and decreased grip strength.

In progress notes dated August 10, 2023, Dr. Manish A. Patel, a Board-certified orthopedic surgeon, provided examination findings and diagnosed bilateral possible CTS. On physical examination of both wrists, he reported positive carpal compression test, full wrist ROM, no instability, positive for numbness, mild swelling, positive for muscle atrophy, and decreased grip strength. A bilateral wrist x-ray was unremarkable.

A September 5, 2023 electromyogram and nerve conduction velocity (EMG/NCV) study demonstrated severe right CTS and mild left CTS.

Dr. Patel, in progress notes dated September 22 and December 8, 2023, recounted appellant's physical examination findings and diagnosed bilateral CTS. He noted that review of appellant's EMG reflected severe right CTS and mild left CTS.

A December 14, 2023 operative note documented that appellant had undergone a right carpal tunnel release that day.

Moya Annalies Hash, a nurse practitioner, in progress notes dated December 27, 2023, indicated that appellant was seen for postoperative care following his December 14, 2023 right carpal tunnel release. On physical examination, she noted full right wrist ROM and no muscle atrophy, weakness, swelling, and numbness. Diagnoses were right wrist pain and status post carpal tunnel release.

In a follow-up letter dated March 13, 2024, OWCP informed appellant that it had conducted an interim review, and the evidence remained insufficient to establish his claim. It noted that he had 60 days from the February 7, 2024 letter to submit the requested supporting evidence. No additional evidence was received.

By decision dated April 11, 2024, OWCP denied appellant's claim, finding that the medical evidence of record was insufficient to establish causal relationship between his diagnosed medical condition(s) and the accepted factors of his federal employment.

On April 30, 2024, appellant, through counsel, requested an oral hearing before a representative of OWCP's Branch of Hearings and Review. On August 6, 2024, counsel withdrew his request for an oral hearing and instead requested a review of the written record.

OWCP thereafter received reports from Dr. Kristen Reineke Piper, Board-certified in family medicine, covering the period December 4, 2019 through March 18, 2020. Dr. Piper noted appellant's physical examination findings and diagnosis of bilateral carpal tunnel syndrome. On December 23, 2019 she diagnosed bilateral carpal tunnel syndrome and suspected de Quervain's tenosynovitis as the cause of his significant thumb base pain with occasional hand numbness with overuse. Dr. Piper noted that appellant worked at the employing establishment.

In an April 22, 2020 report, Dr. Abdelshaheed recounted appellant's medical history and physical examination findings. He noted that appellant had a gradual onset of mild-to-moderate hand pain in a persistent pattern for months. Dr. Abdelshaheed diagnosed bilateral carpal tunnel syndrome. In an April 27, 2020 report, he provided physical examination findings and noted appellant's left hand pain.

In office visits dated August 9 and October 30, 2023, Winter McFarland, a family nurse practitioner, diagnosed bilateral carpal tunnel syndrome, with bilateral hand pain, tingling and numbness. On physical examination, she reported moderate tenderness on wrist palpation, bilateral wrist Phalen's sign and bilateral wrist Tinel's sign. Ms. McFarland recommended EMG testing.

Reports from Dr. Abdelshaheed dated September 26, October 23 and 30, and December 7, 2023, were repetitive of his prior reports. He indicated that appellant still experienced bilateral hand numbness and tingling and was referred to neurology for follow up.

By decision dated September 6, 2024, OWCP's hearing representative affirmed the April 11, 2024 decision.

### **LEGAL PRECEDENT**

An employee 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

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

<sup>3</sup> See *C.M.*, Docket No. 23-1198 (issued February 12, 2024); *S.F.*, Docket No. 23-0264 (July 5, 2023); *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.<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 casually related to the identified employment factors.<sup>6</sup>

Causal relationship is a medical question that requires rationalized medical opinion evidence to resolve the issue.<sup>7</sup> The opinion of the physician must be based on 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 incident.<sup>8</sup>

### ANALYSIS

The Board finds that appellant has not met his burden of proof to establish bilateral CTS causally related to the accepted factors of his federal employment.

In support of his claim, appellant submitted reports from his medical providers. In reports covering the period December 4, 2019 through March 18, 2020, Dr. Piper diagnosed bilateral hand pain, bilateral CTS, and suspected de Quervain's tenosynovitis. In reports dated April 20 and 27, 2020 and from August 9 to December 7, 2023, Dr. Abdelshaheed diagnosed bilateral carpal tunnel syndrome. He reported that appellant had complaints of mild-to-moderate hand pain. Dr. Patel, in a report dated August 10, 2023, diagnosed possible bilateral wrist CTS while in reports dated September 22 and December 8, 2023 he diagnosed bilateral CTS. However, none of the physicians provided any opinion on the cause of appellant's diagnosed bilateral carpal tunnel 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.<sup>9</sup> Therefore, this evidence is insufficient to establish appellant's claim.

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<sup>4</sup> *C.M., id.*; *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> *C.M., id.*; *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> *C.M., id.*; *T.W.*, Docket No. 20-0767 (issued January 13, 2021); *L.D.*, Docket No. 19-1301 (issued January 29, 2020); *S.C.*, Docket No. 18-1242 (issued March 13, 2019).

<sup>7</sup> *C.M., id.*; *I.J.*, Docket No. 19-1343 (issued February 26, 2020); *T.H.*, 59 ECAB 388 (2008); *Robert G. Morris*, 48 ECAB 238 (1996).

<sup>8</sup> *C.M., id.*; *D.C.*, Docket No. 19-1093 (issued June 25, 2020); *see Victor J. Woodhams*, 41 ECAB 345 (1989).

<sup>9</sup> *See E.A.*, Docket No. 24-0181 (issued May 16, 2024); *L.B.*, Docket No. 18-0533 (issued August 27, 2018); *D.K.*, Docket No. 17-1549 (issued July 6, 2018).

Appellant also submitted reports dated August 9 and October 30, 2023 signed by Ms. McFarland, a family nurse practitioner and December 27, 2023 progress notes signed by Ms. Hash, a nurse practitioner. 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.<sup>10</sup> Consequently, their medical findings and/or opinions will not suffice for the purpose of establishing entitlement to FECA benefits.<sup>11</sup> Accordingly, these reports are insufficient to establish the claim.

OWCP also received a September 5, 2023 EMG/NCV 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.<sup>12</sup> This report is therefore insufficient to establish appellant's claim.

As the medical evidence of record is insufficient to establish causal relationship between appellant's diagnosed bilateral CTS and the accepted factors of federal employment, the Board finds that appellant has not met his burden of proof.<sup>13</sup>

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 bilateral CTS causally related to the accepted factors of his federal employment.

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<sup>10</sup> 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) (May 2023); *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 E.L.*, Docket No. 24-0924 (issued November 14, 2024) (nurse practitioners are not considered physicians under FECA); *T.S.*, Docket No. 24-0605 (issued August 23, 2024) (nurse practitioners are not considered physicians as defined under FECA).

<sup>11</sup> *Id.*

<sup>12</sup> *FD.*, Docket No. 19-0932 (issued October 3, 2019).

<sup>13</sup> *See I.D.*, Docket No. 22-0848 (issued September 2, 2022).

**ORDER**

**IT IS HEREBY ORDERED THAT** the September 6, 2024 decision of the Office of Workers' Compensation Programs is affirmed.

Issued: January 14, 2025  
Washington, DC

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

Janice B. Askin, Judge  
Employees' Compensation Appeals Board

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