WCAT Decision Number: WCAT-2004-00114-AD
WCAT Decision Date: **January 13, 2004**
Panel: Sarwan Boal, Vice Chair

Introduction

The employer appeals the Workers' Compensation Review Board (Review Board) findings of January 30, 2003, which allowed the worker's appeal from a decision letter of October 30, 2001 of a case manager of the Workers' Compensation Board (Board). In the October 30, 2001 decision letter, the case manager advised the worker that, based on the Board medical advisor's opinion, his work activities had no causative significance in producing his right lateral epicondylitis condition. However, the Review Board relied on the worker's attending physician, and found the nature of the worker's employment caused his right lateral epicondylitis.

The employer's representative has provided a September 26, 2003 submission. He has also provided a medical opinion dated February 17, 2003 from Dr. D, an occupational health physician. A trade union representative has provided an October 27, 2003 submission on behalf of the worker.

The employer did not request an oral hearing, and I agree that an oral hearing is not necessary to fully and fairly adjudicate this matter.

Issue(s)

Whether the nature of the worker's work activities were of a causative significance in producing the right lateral epicondylitis.

Jurisdiction

This appeal was filed with the Appeal Division. On March 3, 2003, the Appeal Division and the Review Board were replaced by the Workers' Compensation Appeal Tribunal (WCAT). As this appeal had not been considered by an Appeal Division panel before that date, it has been decided as a WCAT appeal. (See the *Workers Compensation Amendment Act (No. 2), 2002,* section 39.)

Background and Evidence

The worker was employed as am assistant survey engineer. At the time of the onset of his right elbow symptoms, he was 55 years old.

On his application for compensation, dated August 16, 2001, he indicated "Increased use of 'computer mouse' caused pain in Rt arm".

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On August 7, 2001, the worker completed a questionnaire for the Board. He noted that he worked eight hours a day, from 7:30 a.m. to 4:00 p.m., with half-an-hour lunch break and two 15-minute coffee breaks. He indicated that there had been no recent increase in his normal work hours. However, he noted that there was a change in his work activities, in that he had been doing more work on the computer since April 2001 using the mouse. The worker noted that he had worked 93.5 hours on the data input on the special project, plus his regular work on computer. He indicated that the affected part of his body was used 75 percent of the time when doing data input, and was resting 25 percent of the time. The worker said that his symptoms improved while he was away from work.

On October 10, 2001, the Board conducted an ergonomic intervention assessment of the worker's worksite, to assess occupational risk factors relevant to the right lateral epicondylitis. The report concluded, in part:

> 1. Repetition – [the worker's] regular work activities would not be considered repetitious as an ASTD risk factor. [The worker] may have periods of repeated activity such as entering data into the computer interspersed with referring to papers, etc. The overall tissue loading time would not be greater than 50% of the work time. When performing the project work the task variability would likely have increased with the referencing of maps and other papers between each entry but there would still be some short periods of repeated activity when entering data into the computer. The overall tissue loading would not be significant. About 20-25% of [the worker's] work time is spent performing union business, about 7.5-9.4 hours per week but said to more typically in blocks of 2-3 days at one time.
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> 2. Force – Light forces were observed when operating all of the computers. No significant static loading was observed. Light to moderate forces would likely occur when carrying the transit in its case.
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> 3. Non-neutral Postures – Contact stresses to the right forearm were observed when using the mouse at all three computers. Right wrist extensions to about 25° were observed in the photo of [the worker] using the PC mouse on the project. When carrying the transit case [the worker] would likely have a hook grip with hanging weight.
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> 4. Combination of Risk Factors – In his regular office work would combine periods of repetition and overall non-significant tissue loading with light forces and non-significant postures. When

> performing the regular field work, [the worker] would combine occasional light to moderate forces with occasional non-neutral postures when carrying the transit case. When performing the project computer work [the worker] would combine non-significant repetition and non-significant tissue loading with light forces and non-significant postures except at the PC with occasional marginal non-neutral wrist extensions.
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> [reproduced as written]

At the request of the case manager, a Board medical advisor, Dr. J, reviewed the medical information on file, including the ergonomic intervention report, and provided a medical opinion, as follows, in part:

> There is really no likelihood that using a mouse would approach the forces necessary to cause a tennis elbow. It is far more likely that during the work activities and during the work day, [the worker] notices the fact that he has some discomfort in his elbow and has come down with a tennis elbow from whatever cause. There is no tissue loading approaching the forces necessary to cause a tennis elbow.
>
> The diagnosis is confirmed but the work activities would not from a medical perspective be perceived as frequent, repetitive, and forceful enough to have caused this condition.

In a November 6, 2001 letter, the worker's attending physician, Dr. W, stated, in part:

> …[The worker] has had no previous injury to his arm. The pain did not start until he used the mouse on a more daily basis and for prolonged periods of time during the day. It was soon evident after he was doing this that his right forearm was becoming painful, as well as his right lateral epicondyle. To state that he had a previous underlying injury that never showed up is difficult to delineate. If there was micro trauma or scarring, obviously a person in his age category would be more predisposed to having an overuse injury. This is likely what has occurred. He has overused his right forearm and has developed epicondylitis, as well as tendonitis of the extensor muscle group.

In a log entry of November 13, 2001, Dr. J reviewed Dr. W's letter, and concluded the letter did not add anything new to alter his previous medical opinion.

At the Review Board oral hearing, the worker told the panel that his symptoms gradually improved spontaneously with rest, and no longer bothered him. He stated that his symptoms disappeared in October 2001. His non-work-related activities involved skiing and mountain biking.

Submission

The employer's representative argued that the worker used a computer at work, and as well as at home. The representative further argued that the worker was accustomed to computer work and had been working the computer for over 10 years. The employer's representative contended the ergonomic intervention report and the Board medical advisor do not support the worker's claim. He finally argued that the new medical evidence from Dr, D, who has specialized knowledge of occupational diseases and injuries, does not support the worker's claim.

Dr. D, in his February 17, 2003 medical opinion, provided a detailed analysis of the medical evidence on file and the worker's work activities. In his view, there was no reason to believe that the worker's work activities could have caused a lateral epicondylitis in a normal elbow, nor would his work activities have constituted overexertion so as to cause a lateral epicondylitis in an elbow that may have been experiencing some degenerative process. Dr. D concluded:

> …I would agree with [the Board medical advisor] that [the worker] has developed tennis elbow from undetermined causes unrelated to his work and it is most unlikely that his occupational risk factors are sufficient to either materially aggravate or cause a lateral epicondylitis.

Law and Policy

Section 6(1) of the *Workers Compensation Act* (Act) provides that compensation is payable to a worker when the worker suffers from an occupational disease and the disease suffered by the worker must be "due to the nature of any employment in which the worker was employed, whether under one or more employments".

Policy item #27.31 of the *Rehabilitation Services and Claims Manual, Volume 1* (RSCM) deals with epicondylitis, and provides:

> Epicondylitis is a localized inflammation of the muscle and tendon where they attach to the bone (epicondyles) at either side of the elbow. Inflammation on the lateral side is lateral epicondylitis (sometimes called tennis elbow) and on the medial side is medial epicondylitis (sometimes called golfer's elbow). Medical/scientific research on epicondylitis does not as a whole confirm a strong association with employment activities and its mechanisms of development are obscure. Some individual studies do indicate an excess incidence of epicondylitis in employments with tasks strenuous to the muscle-tendon structures of the arm. One often referred to theory suggests that microtears at the attachment of the muscle to the bone may be due to repetitive activity with high force sufficient to exceed the strength of the collagen fibres of the tendon attachment. This in turn may lead to the formation of fibrosis and granulation tissue.

> As the research does not clearly relate epicondylitis to any particular employments, each claim must be determined according to its own merits.
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> The Board recognizes that where the worker was occupationally performing frequent, repetitive, forceful and unaccustomed movements (including forceful grip) of the wrist that are reasonably capable of stressing the inflamed tissues of the arm affected by epicondylitis, and in the absence of evidence suggesting a non-occupational cause for the worker's epicondylitis condition, a strong likelihood of work causation will exist. These factors are not preconditions to the acceptance of a claim for epicondylitis nor are they the only factors which may be relevant. For example, lateral epicondylitis has been shown to occur in tennis players (some studies showing a strong causative association) who are well accustomed to the motions and forces involved. The issue to be determined in any individual claim is whether the evidence leads to a conclusion that the epicondylitis is due to the nature of the worker's employment.

Policy item #27.40 of the RSCM lists some of the risk factors relevant to the development of Activity-Related Soft Tissue Disorders (ASTD). Epicondylitis is considered one of the ASTD's.

Reasons and Findings

The worker says that there was a change in his work activities in April 2001, and he had to work on a special project where he had to use the computer mouse more than he usually did in his regular work activities. He attributes the cause of his right lateral epicondylitis to the additional use of the computer mouse. There does not appear to be any dispute that the worker had to work on a special project, and had to use the mouse with his right hand. However, the dispute is whether the activity of using the mouse could have caused his right lateral epicondylitis.

Board policy, as quoted above, recognizes that work activities requiring frequent, repetitive, forceful and unaccustomed movements, with forceful grip of the wrist, are capable of causing lateral epicondylitis. However, each case has to be decided on its own merit. In the present case, the ergonomic intervention report says that when the worker performed the project computer work, he combined non-significant repetition and non-significant tissue loading with light forces and non-significant postures, except at the computer with occasional marginal non-neural rest extensions. This does not support that the worker's activity of clicking on the mouse involves significant risk factors known to cause epicondylitis.

Although the worker's attending physician, Dr. W, says that the overuse of the worker's right arm caused the right lateral epicondylitis, he does not provide a medical rationale based on the risk factors. He makes no comment on the ergonomic intervention report on file. He appears to base his opinion on the fact that the worker had no previous injury or underlying condition in his right arm, and that pain was not experienced until he started using the mouse on a more daily basis.

On the other hand, Dr. D, although he did not examine the worker, has special knowledge in the field of occupational diseases and provides a more in-depth analysis of the risk factors involved in this particular case. He says the forces involved in clicking on the mouse were minimal, and the term "overuse" implies excessive and unaccustomed use of the anatomical parts involved, which is not so in the present case. Moreover, Dr. J does not think the use of the mouse evolves the forces necessary to cause epicondylitis.

Based on the ergonomic intervention analysis, the Board medical advisor's opinion, and the new medical evidence from Dr. D, I find it is more than unlikely that the nature of the worker's work activities had causative significance in producing his right lateral epicondylitis.

Conclusion

I allow the employer's appeal, and vary the Review Board findings of January 30, 2003.

Sarwan Boal
Vice Chair

SB/jyo/jkw

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