

U.S. DEPARTMENT OF LABOR

Employees' Compensation Appeals Board

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In the Matter of ARCHIE M. GRAY and DEPARTMENT OF VETERANS AFFAIRS,  
VETERANS ADMINISTRATION MEDICAL CENTER, Montgomery, Ala,

*Docket No. 96-603; Submitted on the Record;  
Issued February 3, 1998*

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DECISION and ORDER

Before DAVID S. GERSON, WILLIE T.C. THOMAS,  
BRADLEY T. KNOTT

The issue is whether appellant has established that her right ankle synovitis and her associated surgery, consisting of a right ankle arthroscopy with partial synovectomy, performed on November 15, 1994 is causally related to her accepted employment injury of a right ankle sprain or to factors of her federal employment.

On July 2, 1993 appellant, then a 50-year-old nurse, filed a notice of traumatic injury and claim for compensation alleging that she twisted and injured her right ankle on October 2, 1992 in the course of her federal employment. The Office of Workers' Compensation Programs accepted the claim for a right ankle strain, but informed appellant on January 24, 1995 that her November 15, 1994 arthroscopy of the right ankle was not an authorized surgical procedure. It, therefore, stated that it would not compensate appellant for the medical expenses incurred as a result of this surgery unless a physician provided a detailed narrative report establishing that the surgery resulted from the October 2, 1992 injury. Appellant was given 30 days to submit such a report.

In an October 2, 1992 x-ray report, Dr. Vichai Chaicharncheep, a Board-certified radiologist, found no evidence of fracture and reported that appellant's right ankle was normal.

On November 11, 1992 Dr. Warner L. Pinchback, Jr., a Board-certified orthopedic surgeon, examined appellant for pain in her right ankle. He noted that appellant twisted her ankle in October 1992 and that she stated she had difficulty bearing weight on the ankle. He found that appellant had a full range of motion with some tenderness over the lateral malleolus, but that there was no gross instability. Dr. Pinchback indicated that x-rays were negative for acute bone abnormality. He diagnosed a Grade I strain of the ankle.

On July 2, 1993 Dr. Pinchback stated that appellant again presented with right ankle pain and an inability to bear full weight on the ankle. He recorded that the pain was persistent even though appellant had been treated by other doctors. He found swelling over the lateral malleolus and over the posterolateral aspect of the joint. Dr. Pinchback stated that there was no gross

instability of the ankle, but that the synovium was boggy. He diagnosed synovitis and tendinitis in the ankle. He repeated this diagnosis without elaboration on July 14, 1993. Dr. Pinchback reported on August 16, 1993 that appellant was doing much better with less pain in her right ankle.

On July 18, 1994 Dr. Champ L. Baker, Jr., a Board-certified orthopedic surgeon, noted continued pain in the lateral aspect of appellant's foot dating back to her October 1992 injury. He indicated that the pain was in the anterolateral aspect of her ankle and that appellant cannot walk with her foot down flat because of the dorsiflexion. He found localized tenderness of the anterolateral aspect of the ankle and some pain on forced flexion and dorsiflexion. He indicated that the ankle was stable and that there was some tenderness over the peroneal tendon laterally as well as over the base of the fourth to fifth metatarsal. Dr. Baker's x-rays were normal at the mid-foot, but showed minimal osteopenia of her fourth to fifth metatarsal. He diagnosed right ankle impingement and chronic ankle synovitis following a sprain. Dr. Baker stated that appellant would probably require an arthroscopic synovectomy.

On November 15, 1994 Dr. Baker performed a right ankle arthroscopy with partial synovectomy. He stated that appellant had persistent ankle pain for the past several years which occurred following an ankle sprain. He stated that her symptoms had persisted despite conservative treatment and that a diagnostic and operative right ankle arthroscopy surgery was subsequently offered for her probable synovial impingement. Dr. Baker diagnosed right ankle post-traumatic synovial impingement. His pathology noted hypertrophic synovitis in the anterior and anterolateral ankle joint. On November 21, 1994 Dr. Baker found no major complaints and on December 5, 1994 he found minimal effusion over the right ankle and tenderness over the anterolateral portal. Dr. Baker found on January 2, 1995 that appellant had a limp on her right and some swelling.

On January 24, 1995 the Office medical adviser stated that because appellant sprained her ankle on October 2, 1992 and did not report any symptoms until eight months later, appellant's arthroscopy of the right ankle was not due to or precipitated by her October 2, 1992 fall. The Office medical adviser noted that the symptoms of an ankle sprain develop within 24 hours and would be reported within a week of their occurrence. On May 4, 1995 the Office indicated that after a thorough review of the case, the evidence failed to demonstrate that the November 15, 1994 surgery resulted from the October 2, 1992 work injury. The Office stated that it would refer appellant to a second opinion examination.

On March 11, 1995 the Office medical adviser again found no causal relationship because appellant failed to establish an ankle injury occurred on October 2, 1992 or continuity of an ankle injury from October 2, 1992 until July 2, 1993.

In a decision dated May 15, 1995, the Office denied appellant's claim because the evidence failed to demonstrate a causal relationship between the accepted injury and appellant's November 15, 1994 surgery. In an accompanying memorandum, the Office indicated that the record contained no evidence demonstrating that the claimed surgical procedure was caused, precipitated, accelerated or aggravated by the accepted injury.

By a letter dated June 15, 1995, appellant requested reconsideration. In support, appellant submitted a June 22, 1995 report from Dr. Baker. He stated that appellant had persistent ankle pain for the past several years which occurred following an ankle sprain. Dr. Baker then stated that appellant developed synovitis and that due to the failure of conservative treatment, she underwent a diagnostic and operative arthroscopy to relieve her symptoms.

In a decision dated November 21, 1995, the Office reviewed the case on its merits and denied modification because the evidence submitted in support of the application was insufficient to warrant modification of the prior decision. In an accompanying memorandum, the Office again found that the record failed to contain a reasoned medical opinion attributing appellant's surgery to her October 2, 1992 injury.

The Board finds that appellant has not established that her right ankle synovitis and her associated surgery, consisting of a right ankle arthroscopy with partial synovectomy, performed on November 15, 1994 is causally related to her accepted employment injury or to factors of her federal employment.

A person who claims benefits under the Federal Employees' Compensation Act<sup>1</sup> has the burden of establishing the essential elements of her claim,<sup>2</sup> including the fact that she sustained an injury while in the performance of her duty, and that she had disability as a result.<sup>3</sup> The Office's obligation to pay for medical treatment under section 8103 of the Act<sup>4</sup> extends only to treatment of employment-related conditions, and appellant has the burden of establishing that the requested treatment is for the effects of an employment-related condition.<sup>5</sup> The medical evidence required to establish a causal relationship, generally, is rationalized medical evidence. Rationalized medical evidence is medical evidence which includes a physician's rationalized medical opinion on the issue of whether there is a causal relationship between the claimant's diagnosed condition and the implicated employment factors. 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 the specific employment factors identified by the claimant.<sup>6</sup>

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<sup>1</sup> 5 U.S.C. §§ 8101-8193.

<sup>2</sup> *Margaret A. Donnelly*, 15 ECAB 40 (1963).

<sup>3</sup> *Daniel R. Hickman*, 34 ECAB 1220 (1983).

<sup>4</sup> Section 8103(a) of the Act states, in pertinent part: "The United States shall furnish to an employee who is injured while in the performance of duty the services, appliances and supplies prescribed or recommended by a qualified physician, which the Secretary of Labor considers likely to cure, give relief, reduce the degree or the period of disability, or aid in the lessening the amount of monthly compensation."

<sup>5</sup> See *Zane H. Cassell*, 32 ECAB 1537 (1981).

<sup>6</sup> *Victor J. Woodhams*, 41 ECAB 345 (1989).

In the instant case, Dr. Baker, a Board-certified orthopedic surgeon, supplied the only medical opinion evidence which even remotely indicated that appellant's right ankle synovitis and her surgery for it was related to her October 2, 1992 accepted injury. In his July 18, 1994 report, Dr. Baker stated only that appellant had continued pain in the lateral aspect of her foot dating back to her October 1992 injury. In his surgical report dated November 15, 1994, he stated, without any elaboration, that appellant's persistent ankle pain for the past several years occurred following an ankle sprain. Finally, on June 22, 1995 Dr. Baker stated again merely stated that appellant had persistent ankle pain for the past several years which occurred following an ankle sprain. Dr. Baker's opinions are of little probative value in that they are not supported by any medical rationale explaining how and why appellant's accepted condition of a right ankle strain or factors of her federal employment caused or aggravated her diagnosed condition.

Appellant has not submitted sufficient reliable, probative and rationalized medical evidence to establish that her claimed condition, and subsequent surgery, is related to either her accepted condition of a right ankle strain or to factors of her federal employment and, therefore, has not met her burden or proof.

The decisions of the Office of Workers' Compensation Programs dated November 21 and May 15, 1995 are affirmed.

Dated, Washington, D.C.  
February 3, 1998

David S. Gerson  
Member

Willie T.C. Thomas  
Alternate Member

Bradley T. Knott  
Alternate Member