

U. S. DEPARTMENT OF LABOR

Employees' Compensation Appeals Board

In the Matter of VANESSA ELAM and U.S. POSTAL SERVICE,
POST OFFICE, Forest Park, IL

*Docket No. 00-69; Submitted on the Record;
Issued April 14, 2000*

DECISION and ORDER

Before MICHAEL J. WALSH, DAVID S. GERSON,
BRADLEY T. KNOTT

The issue is whether the Office of Workers' Compensation Programs met its burden of proof in terminating appellant's compensation on April 30, 1998.

In the present case, appellant filed a claim alleging that she sustained injuries when she fell to the floor at work on January 11, 1997. The Office accepted that appellant sustained a right knee abrasion, sprain, and meniscus tear, elbow sprain, cervical and lumbar strain. Appellant underwent right knee surgery on April 15, 1997. The record indicates that appellant returned to a light-duty position in July 1997.

In a letter dated March 27, 1998, the Office advised appellant that it proposed to terminate her medical benefits on the grounds that her employment-related conditions had ceased. By decision dated April 30, 1998, the Office terminated appellant's medical benefits. In a decision dated March 30, 1999, an Office hearing representative affirmed the April 30, 1998 decision.

The Board has reviewed the record and finds that the Office met its burden of proof in terminating medical benefits effective April 30, 1998.

The right to medical benefits for an accepted condition is not limited to the period of entitlement to compensation for disability. To terminate authorization for medical treatment, the Office must establish that appellant no longer has residuals of an employment-related condition which require further medical treatment.¹

In the present case, the Office referred appellant to Dr. Julie M. Wehner, an orthopedic surgeon, for evaluation. In a report dated February 11, 1998, Dr. Wehner provided a history and results on examination. With respect to the right knee, Dr. Wehner stated that the meniscal tear

¹ *Furman G. Peake*, 41 ECAB 361 (1990).

had been treated and was no longer active, noting that appellant had degenerative changes that preexisted the employment injury. She stated that appellant may need a knee replacement at some point, but it was not anticipated for at least twenty years due to appellant's young age. Dr. Wehner reported that appellant had no residual neck or elbow problems. With respect to the back, she stated that appellant had preexisting degenerative changes that had been temporarily exacerbated by the employment injury. Dr. Wehner concluded: "I believe that, the temporary exacerbation of her back problem, as well as the temporary exacerbation of her knee problem, ceased approximately six months after her surgery of April 15, 1997. At the present time she may need further surgery on her knee for a total knee replacement in the future related to her preexisting condition. She has already been through a course of physical therapy and therefore no further physical therapy or work hardening is recommended." Dr. Wehner recommended that appellant avoid continuous walking or standing.

The Board finds that Dr. Wehner provided a complete report indicating that residuals of the employment injury had resolved prior to the examination. She indicated that the meniscus tear had resolved, there was no objective evidence of a continuing elbow or neck condition, and that any exacerbation of preexisting knee or back conditions had resolved prior to the examination. Dr. Wehner indicated that any continuing conditions in the knee or back were preexisting and not causally related to the employment injury.

On the other hand, the record does not contain probative medical evidence of a continuing employment-related injury. In a form report dated January 28, 1998, Dr. Helene Rubeiz, a neurologist, diagnosed low back pain, lumbosacral radiculopathies, and possible right carpal tunnel syndrome. Dr. Rubeiz checked a box "yes" that the conditions were causally related to employment. It is well established that the checking of a box "yes" in a form report, without additional explanation or rationale, is of little probative value.² Dr. Rubeiz does not provide any explanation or reasoning to support a continuing employment-related condition.

In a report dated April 1, 1998, Dr. Mitchell I. Krieger, an orthopedic surgeon, stated that he believed "the changes with regard to her knee from her accident were her meniscal tears. I believe that the other changes seen, that is the significant osteoarthritis, the patellar chond[r]omal[a]cia and the old anterior cruciate injury, were preexisting." Dr. Krieger stated that appellant had reached maximum medical improvement with regard to her injury, but still had problems because of her arthritis. This report appears to concur with Dr. Wehner that appellant's continuing knee condition was related to a preexisting condition, rather than the employment injury.

The Board finds that the probative evidence of record is represented by Dr. Wehner, whose February 11, 1998 report indicated that appellant's employment injuries had resolved. Accordingly, the Board finds that the Office met its burden of proof in terminating medical benefits in this case.

After termination or modification of benefits, clearly warranted on the basis of the evidence, the burden for reinstating compensation benefits shifts to appellant. In order to

² See *Barbara J. Williams*, 40 ECAB 649, 656 (1989).

prevail, appellant must establish by the weight of the reliable, probative and substantial evidence that he had an employment-related condition which continued after termination of compensation benefits.³

In this case, appellant submitted a report dated July 13, 1998 from Dr. Arnold F. Turner, an internist, who provided a history and opined that appellant's "present back symptoms are the result of the on-the-job injury that occurred on January 11, 1997 since she did not have chronic back pain prior to this injury. Her current back pain is due to the initial low back derangement caused by the fall and the shift in her weight caused by the knee injury." Dr. Turner did not provide a clear diagnosis, nor a reasoned medical opinion with respect to a continuing employment-related condition. The Board notes that the lack of symptoms prior to the employment incident does not itself provide rationale in support of a causal relationship with employment.⁴ Dr. Turner does not explain his statement that the fall caused low back derangement, nor does he clearly explain any relationship between appellant's knee condition and her back condition. In the absence of medical rationale, the Board finds that Dr. Turner's report is of diminished probative value and is not sufficient to establish an employment-related back condition after April 30, 1998.

The decision of the Office of Workers' Compensation Programs dated March 30, 1999 is affirmed.

Dated, Washington, D.C.
April 14, 2000

Michael J. Walsh
Chairman

David S. Gerson
Member

Bradley T. Knott
Alternate Member

³ *Talmadge Miller*, 47 ECAB 673, 679 (1996); *see also George Servetas*, 43 ECAB 424 (1992).

⁴ *See, e.g., Walter J. Neumann, Sr.*, 32 ECAB 69, 72 (1980).