

U. S. DEPARTMENT OF LABOR

Employees' Compensation Appeals Board

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In the Matter of RICHARD J. RODZINAK and U.S. POSTAL SERVICE,  
PROCESSING & DISTRIBUTION CENTER, Wilkes-Barre, PA

*Docket No. 03-395; Submitted on the Record;  
Issued June 26, 2003*

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DECISION and ORDER

Before ALEC J. KOROMILAS, COLLEEN DUFFY KIKO,  
DAVID S. GERSON

The issue is whether appellant established that he sustained an injury in the performance of duty.

On April 5, 2002 appellant, a 49-year-old maintenance mechanic, filed an occupational disease claim alleging that he suffered a torn cartilage in his right knee in the performance of duty. Appellant stated that his job required him to lift and move heavy mailboxes and equipment and that he began experiencing pain on November 8, 2001, which progressively worsened over the following months. Appellant did not cease work.

In a report dated April 2, 2002, Dr. Michael P. Banas, a Board-certified orthopedic surgeon, diagnosed chronic right knee posterior horn medial meniscus tear. He identified July 7, 2000 as the date of injury, but did not specifically address the cause of injury. Dr. Banas noted that he first treated appellant for his injury on March 20, 2002 and further reported that appellant had continued pain along the medial joint line of the right knee and had six to eight months of discomfort. Dr. Banas also indicated that appellant's magnetic resonance imaging (MRI) scan revealed a medial meniscus tear. He recommended right knee arthroscopy with partial medial meniscectomy.

By letter dated June 5, 2002, the Office of Workers' Compensation Programs advised appellant that the evidence submitted was insufficient to determine whether he was entitled to benefits. The Office specifically noted that the medical evidence did not support that appellant's claimed condition was work related. Accordingly, the Office requested additional factual and medical evidence and afforded appellant 30 days within which to respond.

Appellant responded by letter dated July 1, 2002. He stated that he began to feel soreness in his right knee in November 2001 and the more he did his job, the worse the pain became. Appellant explained that he felt his condition was work related because it was at work, moving and loading heavy mailboxes, that he first noticed the soreness in his right knee.

In a brief note dated June 30, 2002, Dr. Banas stated that he had been treating appellant for a “work related (sic) right knee injury.”

By decision dated July 11, 2002, the Office denied appellant’s claim on the basis that the evidence failed to establish that appellant’s right knee condition was caused by his employment.

Appellant requested reconsideration on August 8, 2002 and he submitted an August 2, 2002 report from Dr. Banas. In his report, Dr. Banas diagnosed right knee medial meniscus tear and right medial plantar fasciitis. He also stated that, although appellant did not have one exact event regarding an injury at work, his diagnosed conditions “certainly can be attributed to repetitive activity” throughout appellant’s prolonged employment with the U.S. Postal Service. Dr. Banas further noted that over the past several years appellant worked as a mechanic, which involved significant climbing, squatting and lifting. Dr. Banas stated that “Certainly these prolonged activities over time can lead to the above diagnoses.”

The Office subsequently received a March 22, 2000 MRI of the right knee, which noted a tear of the posterior horn of the medial meniscus. Appellant also submitted a September 19, 2002 letter in which he stated that his history of injury dated back to July 10, 2000 when he was required to take antibiotics and he was off work for six weeks. He also noted that he performed restricted duty for approximately two weeks and gradually returned to his regular job duties. Additionally, appellant stated that, while he bowled once a week, he did not feel that this activity contributed to his current injury. He explained that when he bowls he bends forward with his left knee and there is no weight bearing on his injured right knee.

The Office reviewed appellant’s claim on the merits and, in a decision dated October 1, 2002, denied modification of the July 11, 2002 decision.

The Board finds that appellant failed to establish that he sustained an injury in the performance of duty.

In order to establish that an injury was sustained in the performance of duty, a claimant must submit the following: (1) medical evidence establishing the presence or existence of the disease or condition for which compensation is claimed; (2) a factual statement identifying employment factors alleged to have caused or contributed to the presence or occurrence of the disease or condition; and (3) medical evidence establishing that the diagnosed condition is causally related to the employment factors identified by the claimant.<sup>1</sup> Causal relationship is a medical question that can generally be resolved only by rationalized medical opinion evidence.<sup>2</sup>

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<sup>1</sup> *Victor J. Woodhams*, 41 ECAB 345 (1989).

<sup>2</sup> *See Robert G. Morris*, 48 ECAB 238 (1996). A physician’s opinion on the issue of whether there is a causal relationship between the claimant’s diagnosed condition and the implicated employment factors must be based on a complete factual and medical background of the claimant. *Victor J. Woodhams*, *supra* note 1. Additionally, in order to be considered rationalized, the 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 claimant’s specific employment factors. *Id.*

The medical evidence of record fails to demonstrate that appellant's claimed right knee and right foot conditions are employment related. Dr. Banas' reports dated April 2, June 30 and August 8, 2002 are all insufficient to satisfy appellant's burden of proof. As previously noted, his April 2, 2002 report included a diagnosis of chronic right knee posterior horn medial meniscus tear and he identified July 11, 2000 as the date of injury, but did not specifically address the cause of injury. This report is deficient for two reasons. First, Dr. Banas reported a July 11, 2000 date of injury, which is inconsistent with the November 8, 2001 date of injury appellant reported on Form CA-2. Secondly, notwithstanding the discrepancy regarding the date of injury, Dr. Banas' April 2, 2002 report does not describe how appellant injured himself on July 11, 2000.

Following the initial denial of his claim, appellant submitted a supplemental statement explaining that his history of injury dated back to July 10, 2000, when he was required to take antibiotics and he was off work for six weeks. Additionally, appellant stated that, upon returning to work, he performed restricted duty for approximately two weeks and gradually returned to his regular job duties. Appellant, however, did not provide any details as to the cause of his July 10, 2000 injury. As previously noted, while Dr. Banas' April 2, 2002 report identified July 11, 2000 as the date of injury, the report did not specify how appellant allegedly sustained an injury to his right knee in July 2000.

Dr. Banas' June 30, 2002 note provided even less insight as to the exact date and cause of injury than his prior report. He merely noted on a prescription pad that appellant had been treated for a work-related right knee injury. Dr. Banas did not specify a date of injury or otherwise describe how appellant sustained a "work related (sic) right knee injury."

Dr. Banas' most recent report, dated August 2, 2002, included diagnoses of right knee medial meniscus tear and right medial plantar fasciitis. Dr. Banas stated that appellant did not have one exact event regarding an injury at work. He explained, however, that appellant's diagnosed conditions can be attributed to repetitive activity throughout his lengthy employment with the U.S. Postal Service. Dr. Banas described appellant's work as involving significant climbing, squatting and lifting and stated: "Certainly these prolonged activities over time can lead to the above diagnoses."

Dr. Banas' various reports do not contain sufficient rationale to discharge appellant's burden of proving that his claimed right knee medial meniscus tear and right medial plantar fasciitis are causally related to his employment. His first two reports lack sufficient detail regarding the exact date and cause of appellant's claimed conditions. Dr. Banas' most recent report dated August 2, 2002 is speculative as to the cause of appellant's injury. He did not offer a definitive opinion on the cause of appellant's injury, but merely surmised that prolonged activities such as climbing, squatting and lifting can lead to the diagnosed conditions. Medical opinions based upon an incomplete history of injury are of little probative value.<sup>3</sup> Furthermore, a physician's opinion that is either speculative or equivocal is also of little probative value.<sup>4</sup> In this instance, Dr. Banas provided a vague description of appellant's employment exposure and

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<sup>3</sup> *Vaheh Mokhtarians*, 51 ECAB 190, 194-95 (1999).

<sup>4</sup> *Id.*

he merely speculated as to the cause of injury. The question remains as to whether appellant's employment activities either caused or contributed to appellant's claimed right knee and right foot conditions. Accordingly, the Office properly found that appellant failed to establish a causal relationship between his employment and his claimed conditions.

The October 1, 2002 decision of the Office of Workers' Compensation Programs is hereby affirmed.

Dated, Washington, DC  
June 26, 2003

Alec J. Koromilas  
Chairman

Colleen Duffy Kiko  
Member

David S. Gerson  
Alternate Member