U. S. DEPARTMENT OF LABOR

Employees' Compensation Appeals Board

In the Matter of LILLIE H. IPSOM and DEPARTMENT OF DEFENSE, DEFENSE DEPOT, Memphis, Tenn.

Docket No. 96-1854; Submitted on the Record;
Issued June 11, 1998

DECISION and ORDER

Before MICHAEL J. WALSH, DAVID S. GERSON, WILLIE T.C. THOMAS

The issue is whether appellant has established that she sustained a recurrence of total disabilty caually related to the accepted employment injury.

The Board has duly reviewed the case record and finds that apellant has not met her burden of proof in this case.

In the present case, the Office of Workers' Compensation Programs has accepted that appellant, a freight handler, sustained a sprain and contusion of the left knee on September 4, 1986 as a result of a fall. Appellant returned to light-duty work on September 2, 1990 as a packer and the Office determined that this position fairly and reasonably represented appellant's wage-earning capacity. On December 4, 1995 appellant filed a notice of recurrence of disability alleging that on November 21, 1995 she had stopped work due to a recurrence of total disability causally related to the accepted September 4, 1986 injury. The Office denied appellant's notice of recurrence of disability by decision dated March 7, 1996.

When an employee, who is disabled from the job he or she held when injured on account of employment-related residuals, returns to a light-duty position or the medical evidence of record establishes that light duty can be performed, the employee has the burden to establish by the weight of the probative and substantial evidence a recurrence of total disability and show that such light duty cannot be performed. As part of this burden of proof, the employee must show either a change in the nature and extent of the injury-related condition or a change in the nature and extent of the light-duty requirements.[1]

Appellant is not alleging that a change occurred in the nature and extent of her light-duty requirements, but rather that her accepted knee condition worsened to cause total disability. In support of her claim, appellant submitted treatment notes from Dr. K.B. Ragsdale, appellant's

[1] *Gus N. Rodes*, 46 ECAB 518 (1995).

treating physician dating from September 1986. Dr. Ragsdale's records indicate that appellant was seen approximately once a month from September 1986 for knee pain and effusion. In a note dated October 3, 1995, Dr. Ragsdale noted that appellant had effusion about the left knee and was complaining of a significant amount of pain. He noted that appellant was working, but that work increased her pain. On November 21, 1995 Dr. Ragsdale noted that appellant had significant amount of left knee pain and effusion. Dr. Ragsdale stated that appellant would not be able to work performing prolonged standing, squatting, or lifting as her knees were deteriorating rapidly. On January 2, 1995 Dr. Ragsdale indicated that appellant had stopped work and her knee symptoms were improved.

On January 9, 1996 the Office advised appellant that she was required to submit medical evidence which addressed the issue of a material worsening of the accepted condition with objective findings to substantiate such. On February 28, 1996 the Office wrote to Dr. Ragsdale and requested that he submit additional medical information to establish that appellant was totally disabled. The Office did not receive any further medical reports from Dr. Ragsdale.

The treatment notes received from Dr. Ragsdale establish that apellant had continuing symptoms relating to her left knee continuously since the 1986 injury. While Dr. Ragsdale noted on November 21, 1995 that appellant's knees were deteriorating rapidly, he offered no explanation for this conclusion. Dr. Ragsdale did not indicate that any testing or examination had been carried out to document a worsening of appellant's condition. Furthermore, Dr. Ragsdale did not explain exactly why medically appellant's complaints had worsened such that she was no longer able to work. The Board has held that a physician's opinion is not dispositive simply because it is offered by a physician.[2] To be of probative value to appellant's claim, the physician must provide a proper factual background and must provide medical rationale which explains the medical issue at hand, be that whether the current condition is disabling or whether the current condition is causally related to the accepted employment injury. Where no such rationale is present, the medical opinion is of diminished probative value.

As appellant did not submit the necessary rationalized medical evidence to establish that her accepted left knee condition had worsened such that she was no longer able to perform her light work, appellant did not meet her burden of proof in this case.

The decision of the Office of Workers' Compensation Programs dated March 7, 1996 is hereby affirmed.

[2] See *Michael Stockert*, 39 ECAB 1186 (1988).

Dated, Washington, D.C.
June 11, 1998

Michael J. Walsh
Chairman

David S. Gerson
Member

Willie T.C. Thomas
Alternate Member