

U. S. DEPARTMENT OF LABOR

Employees' Compensation Appeals Board

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In the Matter of JONATHAN H. HUTCHINGS and DEPARTMENT OF THE NAVY,  
PUGET SOUND NAVAL SHIPYARD, Bremerton, WA

*Docket No. 01-1947; Submitted on the Record;  
Issued July 8, 2002*

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DECISION and ORDER

Before MICHAEL J. WALSH, DAVID S. GERSON,  
A. PETER KANJORSKI

The issue is whether appellant established that he sustained an injury on December 14, 2000 causally related to his federal employment.

The Board has duly reviewed the case record in the present appeal and finds that the Office of Workers' Compensation Programs properly determined that appellant did not establish that he sustained an injury on December 14, 2000 causally related to his federal employment.

On January 4, 2001 appellant, then a 40-year-old rigger's helper, filed an occupational claim alleging that on December 14, 2000 he became aware that he had degenerative joint disease in his left and right knees from climbing, stooping, kneeling, carrying heavy objects and "cranking." The job description for a rigger states that a rigger selects and attaches hoisting and pulling gear for lifting, moving and positioning heavy machines, and fabricates, installs and repairs standing and running rigging and wire cable or fiber rope articles. The rigger's helper works under the rigger's supervision. The job involves heavy lifting and carrying of up to 100 pounds.

In an undated statement, appellant explained that some of the factors that bothered his knees were prolonged standing on unyielding surfaces as on concrete and asphalt streets, climbing "over, under, in-between, around awkward/difficult loads, truck beds" and barge settings, carrying heavy loads as in chain falls and shackles up and down stairs and ladders, and crawling to gain access to difficult attachment points. Appellant stated that his knees had "been a problem for some time" and his recent job duties "accelerated and increased the problem to the point where [he could] no longer perform his duties."

In a report dated December 14, 2000, Dr. Garrett W. Duckworth, a general practitioner, stated that appellant worked as a rigger, had progressive arthralgias of the knees and now had to use a cane most of the time to walk. He diagnosed severe osteoarthritis of the knees and stated that "clinical determination of work relatedness of the illness" was weak and opined that appellant required permanent limitations.

By decision dated March 7, 2001, the Office denied the claim, stating that appellant did not establish that he sustained an injury due to the claimed employment factor.

By letter dated March 13, 2001, appellant requested reconsideration of the Office's decision and submitted additional medical evidence consisting of medical reports from Dr. Heidi L. Hutchinson, a family practitioner, dated November 29, 2000, an x-ray dated November 29, 2000 showing, in part, severe lateral compartment osteoarthritis of the left knee and a report from Dr. Gregory P. Duff, an orthopedic surgeon, dated December 4, 2000. In her November 29, 2000 report, Dr. Hutchinson diagnosed, in part, left knee pain with history of degenerative joint disease and bipolar exacerbation. She stated that appellant's left knee had been "mainly flaring, causing him trouble, although this was all precipitated by his leg ulcers which are now starting to improve."

In his December 4, 2000 report, Dr. Duff performed a physical examination and considered appellant's history of injury, noting that appellant had left knee pain since 1981, that he underwent arthroscopy in 1982 for a ligamentous injury and in 1984 a ligamentous tear was confirmed. He noted that appellant had been 30 percent disabled through the Department of Veterans Affairs, secondary to his knee injury and 20 percent in hand and hearing. Dr. Duff stated that appellant was sent home from work by his boss "secondary to the risk of a recurrent injury." He diagnosed right knee internal derangement and left knee chronic anterior cruciate ligament deficiency with severe medial compartmental osteoarthritis. Dr. Duff stated that appellant could work with restrictions.

By decision dated May 8, 2001, the Office modified the prior decision to find fact of injury but found that appellant did not establish a causal relationship and therefore denied appellant's request for modification.

By letter dated July 2, 2001, appellant requested reconsideration of the Office's decision and submitted additional evidence including a medical report from Dr. Guy H. Earle, a Board-certified family practitioner, dated June 8, 2001 and various medical records consisting of progress notes, surgical reports and diagnostic tests dated from July 17, 1982 to October 3, 1989 and a report from Dr. Duff dated April 12, 2001. In his June 8, 2001 report, Dr. Earle noted that appellant first injured his knee playing football in the Air Force and appellant described a series of reinjuries to the knee. He stated that appellant's vocational history showed that he began working at the employing establishment in September 1988, starting as a machinist and moved to a rigger helper in 1992 and 1993. Dr. Earle stated that the "climbing, particularly up gangways, stairs and ladders, has increased the pain in his knees bilaterally, particularly on the left side more than the right and has slowed the pace of work so [appellant] could not keep up with his crew." He stated that "[g]etting out of dry docks poses a particular problem for [appellant]." Dr. Earle diagnosed chondromalacia patella, chronic instability and severe bilateral degenerative arthritis of the left knee and degenerative arthritis of the right knee. He stated that the degenerative process in appellant's knees were "accelerated by his weight, his age and the extensive nature of the disease." In his April 12, 2001 report, Dr. Duff diagnosed bilateral osteoarthritis of the knees and opined that appellant was not a candidate for surgical knee replacement.

By letter dated July 27, 2001, the Office denied appellant's request for reconsideration.

To establish that an injury was sustained in the performance of duty, an appellant must submit the following: (1) medical evidence establishing the presence or existence of the condition for which compensation is claimed; (2) a factual statement identifying employment factors alleged to have caused or contributed to the condition; and (3) medical evidence establishing that the employment factors identified by the claimant were the proximate cause of the condition for which compensation is claimed or, stated differently, medical evidence establishing that the diagnosed condition is causally related to the employment factors identified by claimant. The medical evidence required to establish causal relationship, generally, is rationalized medical evidence. Rationalized medical opinion evidence is medical evidence which includes a physician's rationalized opinion on the issue of whether there is a causal relationship between the appellant'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 appellant.<sup>1</sup>

The mere fact that a disease manifests itself during a period of employment does not raise an inference that there is a causal relationship between the two. Neither the fact that the disease became apparent during a period of employment, nor the belief of appellant that the disease was caused or aggravated by employment conditions, is sufficient to establish causal relation.<sup>2</sup>

None of the medical evidence appellant submitted is sufficient to establish that appellant's knee conditions were caused by his employment. The medical records dated from July 17, 1982 to October 3, 1989 are not probative because they are not relevant to appellant's current condition. In his December 14, 2000 report, Dr. Duckworth stated that a determination of the work relatedness of appellant's illness was weak. In his April 12, 2001 report, Dr. Duff diagnosed bilateral osteoarthritis and opined that appellant should not have surgical knee replacement but he did not address the cause of appellant's knee condition. In her November 29, 2000 report, Dr. Hutchinson opined that appellant's left knee had been flaring but stated that it was precipitated by his leg ulcers. She did not attribute appellant's knee condition to his employment. In his December 4, 2000 report, Dr. Duff noted that appellant had been sent home from work due to his knee problems, diagnosed right knee internal derangement and left knee chronic anterior cruciate ligament deficiency but did not address the cause of appellant's knee condition. Therefore, his opinion is not probative.<sup>3</sup>

In his June 8, 2001 report, Dr. Earle stated that appellant's climbing stairs and ladders had increased the pain in his knees bilaterally. However, in his conclusion, he stated that appellant had a degenerative process in his knees which were accelerated by his weight, age and the extensive nature of the disease. Dr. Earle did not mention work as a factor in causing appellant's knee condition. His opinion therefore does not contain a medical rationale explaining

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<sup>1</sup> See *Victor J. Woodhams*, 41 ECAB 345, 352 (1989).

<sup>2</sup> *Lucrecia M. Nielsen*, 42 ECAB 583, 593 (1991); *Joseph T. Gulla*, 36 ECAB 516, 519 (1985).

<sup>3</sup> See *Michael E. Smith*, 50 ECAB 313, 316 (1999).

how appellant's current knee condition resulted from his employment and therefore is not probative.<sup>4</sup> Appellant has failed to establish his claim.

The July 27 and May 8, 2001 decisions of the Office of Workers' Compensation Programs are hereby affirmed.

Dated, Washington, DC  
July 8, 2002

Michael J. Walsh  
Chairman

David S. Gerson  
Alternate Member

A. Peter Kanjorski  
Alternate Member

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<sup>4</sup> See *Annie L. Billingsley*, 50 ECAB 210, 213 (1998).