United States Department of Labor Employees' Compensation Appeals Board

CHARLES DAVID MONROE, Appellant		
U.S. POSTAL SERVICE, POST OFFICE, Philadelphia, PA, Employer) Issued: December 8,))	2004
Appearances: Charles David Monroe, pro se	Case Submitted on the Recor	·d

Office of Solicitor, for the Director

DECISION AND ORDER

Before:

WILLIE T.C. THOMAS, Alternate Member MICHAEL E. GROOM, Alternate Member A. PETER KANJORSKI. Alternate Member

JURISDICTION

On July 19, 2004 appellant filed a timely appeal of a decision of the Office of Workers' Compensation Programs dated May 14, 2004, which rejected his occupational disease claim. Pursuant to 20 C.F.R. §§ 501.2(c) and 501.3, the Board has jurisdiction over the merits of this case.

ISSUE

The issue is whether appellant has established that he sustained an occupational disease in the performance of duty causally related to factors of his federal employment.

FACTUAL HISTORY

On March 24, 2004 appellant, a 49-year-old city letter carrier, filed an occupational disease claim alleging that on March 12, 2004 he first realized that his bilateral knee replacement condition was due to lifting, standing and walking in his employment. He did not stop work.

In support of his claim, appellant submitted the first page of a December 25, 2001 discharge summary, a December 11, 2003 unsigned progress note and a March 3, 2004 letter by

Dr. William J. Hozack, an attending Board-certified orthopedic surgeon, and a March 11, 2004 report by Dr. George P. Valko, an attending Board-certified family practitioner, who diagnosed bilateral mechanical knee failure and recommended total knee replacement surgery. On March 3, 2004 he noted that appellant was undergoing bilateral total knee replacement and would be disabled beginning May 12, 2004 for three to six months.

On March 11, 2004 Dr. Valko diagnosed arthocentesis and noted that appellant had long-term knee problems since 1991, that he had a bilateral knee replacement on December 12, 2001 and that he was "going to have a revision of his bilateral total knee arthroplasties." He opined that appellant's employment duties of constant walking, going up and down steps and carrying heavy loads of mail caused his knee problems. Dr. Valko opined that "this has directly resulted in arthritis to both of his knees over the last 10 years," requiring total knee replacements and that his job duties "contributed to the problems in his knees, which required revision."

By letter dated April 12, 2004, the Office advised appellant that the evidence of record was insufficient to establish his claim as the submitted evidence pertained "to a prior case." It requested that he further describe the work activities implicated in causing his "current knee condition" and submit medical evidence discussing causal relationship. The Office also requested that his physician address his prior knee surgery and its relationship to his federal employment and scheduled knee surgery. Although appellant was allotted 30 days in which to reply, he did not do so within the time allotted.

By decision dated May 14, 2004, the Office rejected appellant's claim finding that he failed to establish that he sustained a bilateral knee condition causally related to factors of his federal employment. The Office found that appellant had not submitted sufficient rationalized medical evidence discussing the causal relationship of his condition with the implicated employment factors.

LEGAL PRECEDENT

An employee seeking benefits under the Federal Employees' Compensation Act has the burden of establishing that the essential elements of his claim, including the fact that the individual is an "employee of the United States" within the meaning of the Act, that the claim was timely filed within the applicable time limitation period of the Act, that an injury was sustained in the performance of duty as alleged and that any disability and/or specific condition for which compensation is claimed are causally related to the employment injury.² These are essential elements of each and every compensation claim regardless of whether the claim is predicated upon a traumatic injury or an occupational disease.³

¹ The record reveals that on October 1, 2001 the Office denied appellant's claim for arthritis in both knees and denied modification of this decision on January 12, 2002.

² Derrick C. Miller, 54 ECAB ___ (Docket No. 02-140, issued December 23, 2002).

³ Janice Guillemette, 54 ECAB ___ (Docket No. 03-1124, issued August 25, 2003); Kathryn A. Tuel-Gillem, 52 ECAB 451 (2001).

To establish that an injury was sustained in the performance of duty in an occupational disease claim, a claimant must submit the following: (1) medical evidence establishing the presence or existence of the disease or condition for which compensation is claimed;⁴ (2) a factual statement identifying employment factors alleged to have caused or contributed to the presence or occurrence of the disease or condition;⁵ 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 the claimant.⁶ The evidence required to establish causal relationship is rationalized medical opinion evidence, based upon a complete factual and medical background, showing a causal relationship between the claimed condition and identified factors. The belief of a claimant that a condition was caused or aggravated by the employment is not sufficient to establish causal relation.⁷

The medical evidence required to establish causal relationship generally is rationalized medical opinion 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 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.

ANALYSIS

Appellant contends that his bilateral knee condition is employment related and submitted reports from his attending physicians, Drs. Hozack and Valko. The unsigned progress note dated December 11, 2003 does not constitute probative medical evidence as the identity of the preparer cannot be established as that of a physician. As such, it is insufficient to establish appellant's claim. Dr. Hozack diagnosed bilateral mechanical knee failure in a March 3, 2004 report, but provided no opinion as to the cause of appellant's condition. As this report lacks any history of the development of appellant's bilateral knee condition and does not address the causal

⁴ Solomon Polen, 51 ECAB 341 (2000).

⁵ Marlon Vera, 54 ECAB ___ (Docket No. 03-907, issued September 29, 2003); Janet L. Terry, 53 ECAB ___ (Docket No. 00-1673, issued June 5, 2002); Roger Williams, 52 ECAB 468 (2001).

⁶ Ernest St. Pierre, 51 ECAB 623 (2000).

⁷ *Luis M. Villanueva*, 54 ECAB ____ (Docket No. 03-977, issued July 1, 2003).

⁸ Conard Hightower, 54 ECAB ____ (Docket No. 02-1568, issued September 9, 2003).

⁹ Tomas Martinez, 54 ECAB ____ (Docket No. 03-396, issued June 16, 2003).

¹⁰ John W. Montoya, 54 ECAB ____ (Docket No. 02-2249, issued January 3, 2003).

¹¹ Judy C. Rogers, 54 ECAB ____ (Docket No. 03-565, issued July 9, 2003).

¹² See Merton J. Sills, 39 ECAB 572 (1988).

relationship of this condition to factors of appellant's employment, it is of diminished probative value and is insufficient to establish appellant's claim.¹³

The report by Dr. Valko is also insufficient to establish appellant's claim. Dr. Valko diagnosed arthrocentesis and attributed appellant's knee condition and arthritis to his employment duties of carrying heavy loads of mail, going up and down stairs and constant walking. However, Dr. Valko provided no medical rationale explaining how appellant's knee problems were causally related to his employment duties. The Board has held that a medical report is of limited probative value on the issue of causal relationship if it contains a conclusion regarding causal relationship that is unsupported by medical rationale. As Dr. Valko provided no medical rationale to support his conclusion that appellant's knee condition was employment related, it is of limited probative value. In the instant case, the Office advised appellant of the type of medical evidence required to establish his claim; however, he failed to submit such evidence. Appellant did not provide a rationalized medical opinion to describe or explain how his knee conditions were caused by factors of his federal employment. As he has failed to submit any probative medical evidence establishing that he sustained an injury in the performance of duty, the Board finds that the Office properly denied his claim for compensation.

CONCLUSION

The Board finds that appellant did not submit sufficient rationalized medical evidence to establish that he sustained an occupational disease in the performance of duty.

¹³ See Anna C. Leanza, 48 ECAB 115 (1996); Connie Johns, 44 ECAB 560 (1993) (the weight of medical opinion evidence is determined by the opportunity for and thoroughness of examination, the accuracy and completeness of the physician's knowledge of the facts and medical history, the care of analysis manifested and the medical rationale expressed in support of the opinion). See also Daniel J. Overfield, 42 ECAB 718 (1991) (medical opinions which are based on an incomplete or inaccurate factual background are entitled to little probative value in establishing a claim).

¹⁴ Conard Hightower, supra note 8.

ORDER

IT IS HEREBY ORDERED THAT the decision of the Office of Workers' Compensation Programs dated May 14, 2004 is affirmed.

Issued: December 8, 2004 Washington, DC

> Willie T.C. Thomas Alternate Member

Michael E. Groom Alternate Member

A. Peter Kanjorski Alternate Member