United States Department of Labor Employees' Compensation Appeals Board

P.B., Appellant)
and) Docket No. 06-740) Issued: October 20, 2006
U.S. POSTAL SERVICE, POST OFFICE, Washington, DC, Employer)
Appearances: Appellant, pro se Miriam D. Ozur, Esq., for the Director	Oral Argument September 21, 2006

DECISION AND ORDER

Before:
ALEC J. KOROMILAS, Chief Judge
DAVID S. GERSON, Judge
JAMES A. HAYNES, Alternate Judge

JURISDICTION

On February 6, 2006 appellant filed a timely appeal from the Office of Workers' Compensation Programs' merit decision dated December 7, 2005 which denied his recurrence of disability claim. Pursuant to 20 C.F.R. §§ 501.2(c) and 501.3, the Board has jurisdiction over the merits of this case.

<u>ISSUE</u>

The issue is whether appellant met his burden of proof to establish that he sustained a recurrence of disability on June 22, 2005 causally related to the accepted employment injury of August 28, 2002.

FACTUAL HISTORY

On August 30, 2002 appellant, then a 39-year-old letter carrier, filed a traumatic injury claim alleging that he slipped and fell while delivering mail and injured his left knee. He stopped work on August 28, 2002 and returned on September 23, 2002. The Office originally

denied appellant's claim and thereafter, in a decision dated November 17, 2003, accepted that he sustained left knee tendinitis and paid appropriate compensation.

On November 26, 2002 appellant filed a recurrence of disability. He indicated that he experienced a recurrence of pain and swelling of his left knee on October 23, 2002 causally related to his original injury of August 28, 2002.¹

Appellant came under the treatment of Dr. Stephen D. Webber, a Board-certified orthopedist, who noted in a report dated October 2, 2002 that appellant presented with left knee symptoms that started on August 28, 2002 when he was delivering mail. Dr. Webber diagnosed quadriceps tendon strain, improving. In reports dated October 29 and November 5, 2002, he noted that appellant had severe left knee pain one week prior while working as a letter carrier and diagnosed recurrent quadriceps tendinitis and a partial tear of the patella. On November 19, 2002 Dr. Webber noted a history of appellant's left knee injury of August 28, 2002 and subsequent treatment by Dr. Sankara Roa Kothakota, a Board-certified orthopedist. Dr. Webber indicated that on October 20, 2002 appellant continued to have pain but his condition was improving. He recommended limited-duty work for four weeks. In a report dated August 12, 2003, Dr. Webber noted that he treated appellant in November 2002 for tendinitis of the quadriceps tendon which was secondary to a work-related injury of August 2002. He advised that his symptoms improved significantly and he had returned to work without restrictions. Dr. Webber diagnosed post-traumatic quadriceps tendinitis secondary to a work-related injury that occurred in August 2002 but had resolved. Also submitted was magnetic resonance imaging (MRI) scan of the left knee dated November 1, 2002 which revealed an abnormal signal within the quadriceps tendon consistent with longitudinal intrasubstance tear.

On July 18, 2005 appellant submitted a Form CA-7, claim for compensation, in which he claimed compensation for a period of leave without pay for the period June 22 to 24, 2005. He submitted an attending physician's report dated July 13, 2005, prepared by a physician whose signature is illegible, who diagnosed torn tendon and noted with a checkmark "yes" that appellant's condition was caused or aggravated by his employment activity. Dr. Webber reported that he was totally disabled from June 22 to 24, 2005.

By letter dated August 1, 2005, the Office advised appellant of the type of factual and medical evidence needed to establish his claim for recurrence of disability and requested that he submit such evidence, particularly requesting that appellant submit a physician's reasoned opinion addressing the relationship of his claimed recurrent condition and specific employment factors.

Appellant submitted an MRI scan of the left knee dated November 1, 2002 and reports from Dr. Webber dated November 19, 2002 and August 12, 2003 which was previously of record. In a narrative statement dated August 22, 2005, he noted that his left knee swelled up

¹ It appears from the record that the Office did not issue a final decision on this claim for a recurrence of disability and, therefore, the Board does not have jurisdiction over the matter. *See* 20 C.F.R. § 501.2(c).

² The Office developed this CA-7 form, claim for compensation, as a recurrence of disability from June 22 to 24, 2005.

due to the nature of his route and he had to take three days off work to recuperate. Appellant advised that this was not a new injury but a reoccurring injury of his left knee.

In a decision dated December 7, 2005, the Office denied appellant's claim for recurrence of disability on the grounds that the evidence submitted was insufficient to establish that he sustained a recurrence of disability commencing June 22, 2005 causally related to his work injury of August 28, 2002.

LEGAL PRECEDENT

A "recurrence of disability" means an inability to work after an employee has returned to work, caused by a spontaneous change in a medical condition which resulted from a previous injury or illness without an intervening injury or a new exposure to the work environment.³ Where appellant claims a recurrence of disability due to an accepted employment-related injury, he or she has the burden of establishing by the weight of reliable, probative and substantial evidence that the recurrence of disability is causally related to the original injury.⁴ This burden includes the necessity of furnishing evidence from a qualified physician who, on the basis of a complete and accurate factual and medical history, concludes that the condition is causally related to the employment injury.⁵ Moreover, the physician's conclusion must be supported by sound medical reasoning.⁶

The medical evidence must demonstrate that the claimed recurrence was caused, precipitated, accelerated or aggravated by the accepted injury. In this regard, medical evidence of bridging symptoms between the recurrence and the accepted injury must support the physician's conclusion of a causal relationship. While the opinion of a physician supporting causal relationship need not be one of absolute medical certainty, the opinion must not be speculative or equivocal. The opinion should be expressed in terms of a reasonable degree of medical certainty.

³ 20 C.F.R. § 10.5 (2002).

⁴ Robert H. St. Onge, 43 ECAB 1169 (1992).

⁵ Section 10.104(a)-(b) of the Code of Federal Regulations provides that, when an employee has received medical care as a result of the recurrence, he or she should arrange for the attending physician to submit a detailed medical report. The physicians report should include the physician's opinion with medical reasons regarding the causal relationship between the employee's condition and the original injury, any work limitations or restrictions and the prognosis. 20 C.F.R. § 10.104.

⁶ See Robert H. St. Onge, supra note 4.

⁷ Federal (FECA) Procedure Manual, Part 2 -- Claims, *Causal Relationship*, Chapter 2.805.2 (June 1995).

⁸ For the importance of bridging information in establishing a claim for a recurrence of disability, *see Robert H. St. Onge, supra* note 4; *Shirloyn J. Holmes*, 39 ECAB 938 (1988); *Richard McBride*, 37 ECAB 748 (1986).

⁹ See Ricky S. Storms, 52 ECAB 349 (2001); Morris Scanlon, 11 ECAB 384, 385 (1960).

ANALYSIS

The Office accepted that appellant sustained left knee tendinitis. However, the medical record lacks a well-reasoned narrative from appellant's physicians relating his claimed recurrent condition beginning June 22, 2005 to his accepted employment injury.

In support of his claim for recurrence of disability commencing June 22, 2005, appellant submitted a report from Dr. Webber dated November 19, 2002, who noted a history of his left knee injury of August 28, 2002 and subsequent treatment by Dr. Kothakota. In a report dated August 12, 2003, Dr. Webber noted that he treated appellant in November 2002 for tendinitis of the quadriceps tendon which was secondary to a work-related injury of August 2002 and diagnosed post-traumatic quadriceps tendinitis. However, this evidence is of no value in establishing the claimed recurrence of disability of June 22, 2005 since it predates the time of the claimed recurrent condition.

Appellant also submitted an attending physicians report dated July 13, 2005, prepared by a physician whose signature is illegible, who diagnosed torn tendon and noted with a checkmark "yes" that appellant's condition was caused or aggravated by his employment activity. The physician reported that he was totally disabled from June 22 to 24, 2005; however, he failed to note a date of injury or history of injury. The Board has held that an opinion on causal relationship which consists only of a physician checking "yes" to a medical form report question on whether the claimant's condition was related to the history given is of little probative value. Without any explanation or rationale for the conclusion reached, such report is insufficient to establish causal relationship between appellant's disability beginning June 22, 2005 to the August 28, 2002 accepted work injury. ¹⁰

Other medical evidence submitted by appellant does not specifically address causal relationship between his accepted condition and his claimed recurrence of disability for the relevant period.

Therefore, appellant did not meet his burden of proof in establishing that he sustained a recurrence of disability. 11

CONCLUSION

The Board finds that appellant has not met his burden of proof in establishing that he sustained a recurrence of disability or a medical condition beginning June 22, 2005 causally related to his accepted employment-related injury on August 28, 2002.

¹⁰ Lucrecia M. Nielson, 41 ECAB 583, 594 (1991).

¹¹ This decision does not preclude appellant from submitting new evidence to the Office and request reconsideration pursuant to 5 U.S.C. § 8128(a).

ORDER

IT IS HEREBY ORDERED THAT the December 7, 2005 decision of the Office of Workers' Compensation Programs is affirmed.

Issued: October 20, 2006 Washington, DC

> Alec J. Koromilas, Chief Judge Employees' Compensation Appeals Board

> David S. Gerson, Judge Employees' Compensation Appeals Board

> James A. Haynes, Alternate Judge Employees' Compensation Appeals Board