

her employment. She explained that she sustained bilateral knee injury because she was required to walk or stand during her entire work shift. No other documents were submitted along with the claim.

By letter dated February 18, 2010, OWCP requested that appellant submit additional evidence including a medical report containing a diagnosis of appellant's condition and medical rationale explaining how the condition was causally related to her employment activities. Appellant, in a statement dated March 2, 2010, explained her job duties and how they caused her pain.

Appellant's supervisor, Bryan Koogle, submitted a March 1, 2010 statement explaining that appellant's work duties required her to stand or walk for her entire eight-hour work shift, five days per week and provided a detailed description of appellant's duties.

On March 10, 2010 appellant submitted five progress reports from Dr. Albert J. Folgueras, a Board-certified orthopedic surgeon, dated September 16, October 28 and November 30, 2009, January 14 and 27, 2010 respectively. These reports diagnosed appellant's condition as knee synovitis and gave her prescriptions for Voltaren XR for pain as well as knee injections. Dr. Folgueras noted that appellant was deconditioned and restricted her to sedentary duty and enrolled her in a therapy program to treat her condition. In the January 27, 2010 report, he concluded that appellant "will likely move toward a permanent standing and walking restriction at work."

On May 11, 2010 OWCP accepted that appellant was required to walk and stand during her entire work shift, but denied appellant's claim on the grounds that she failed to establish that her medical condition was related to her work activities. It specifically referenced Dr. Folgueras' September 16, 2009 report in which he related appellant's response to the question, "Is this work related?" as "No."

Appellant filed a request for reconsideration on June 7, 2010. In support of the reconsideration request, she resubmitted the statement from her supervisor, Mr. Koogle, dated March 1, 2010. Appellant submitted a supplemental statement dated May 31, 2010 in which she again explained why she believed her knee condition was caused by her employment and clarified that she had stated it was not work related because she wanted her insurance to pay for the treatment. OWCP also received another copy of Dr. Folgueras form report dated September 16, 2009. A new form report was received from Dr. Folgueras dated January 29, 2010 wherein he noted that appellant had chronic bilateral knee discomfort/pain related to synovitis. Dr. Folgueras also noted appellant's work restrictions.

By decision dated June 25, 2010, OWCP denied modification of the prior decision. It found that appellant had not provided any medical evidence with the necessary rationale to establish causal relationship between her accepted work activities and her medical condition.

Appellant filed another request for reconsideration on July 26, 2010. In support of this request, she submitted a report of Dr. Folgueras dated July 20, 2010. In this report Dr. Folgueras related that: "[t]he patient stated that she was experiencing bilateral knee discomfort/pain for close to one year. [Appellant] felt that the symptoms became worse with prolonged standing....

She reported increased pain and swelling with increased activity and prolonged standing and walking, which is part of her regular job responsibilities.” Dr. Folgueras concluded that appellant would “likely continue to experience knee pain with exertion” and that she would “likely move toward a permanent standing and walking restriction at work.”

By decision dated August 10, 2010, OWCP again denied appellant’s claim on the grounds that there is no definitive rationalized medical opinion that established the causal relationship between appellant’s occupational disease and her work activities.

LEGAL PRECEDENT

An employee seeking benefits under FECA² has the burden to establish the essential elements of her claim including the fact that the individual is an employee of the United States within the meaning of FECA, that the claim was timely filed, that an injury was sustained in the performance of duty as alleged and that any disability or medical condition for which compensation is claimed is causally related to the employment injury.³

To establish that an injury was sustained in the performance of duty in a claim for occupational disease, an employee must submit: (1) a factual statement identifying employment factors alleged to have caused or contributed to the presence or occurrence of the disease or condition; (2) medical evidence establishing the presence or existence of the disease or condition for which compensation is claimed; and (3) medical evidence establishing that the diagnosed condition is causally related to the employment factors identified by the employee.⁴

Causal relationship is a medical issue and the medical evidence generally required to establish causal relationship is rationalized medical opinion evidence. Rationalized medical opinion evidence is medical evidence which includes a physician’s rationalized opinion on whether there is a causal relationship between the employee’s diagnosed condition and the compensable employment factors. The opinion of the physician must be based on a complete factual and medical background of the employee, 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 employee.⁵

ANALYSIS

Appellant has established that she was required to stand or walk for eight hours a day in her work shifts. She has however submitted insufficient medical evidence to establish that her bilateral knee condition was caused by these work activities.

² 5 U.S.C. §§ 8101-8193.

³ *Steven S. Saleh*, 55 ECAB 169 (2003); *Elaine Pendleton*, 40 ECAB 1143 (1989).

⁴ *See Roy L. Humphrey*, 57 ECAB 238, 241 (2005); *Ruby I. Fish*, 46 ECAB 276, 279 (1994).

⁵ *I.J.*, 59 ECAB 408 (2008); *Victor J. Woodhams*, 41 ECAB 345 (1989).

The causal relationship between appellant's diagnosed bilateral knee condition and her work activities must be established by a physician's rationalized medical opinion. Appellant has submitted a number of medical documents from Dr. Folgueras. While Dr. Folgueras did relate his awareness of appellant's job duties, none of the reports contained a definite and rationalized medical opinion establishing the requisite causal link.

The September 16, 2009 doctor's progress note lacks probative value as it only described appellant's symptoms and provided a prescription; it did not include a diagnosis of appellant's condition or any opinion regarding the cause of the condition. The remaining progress notes dating from October 28, 2009 to January 27, 2010 all identified appellant's condition as knee synovitis, but none of these reports explained how the synovitis was caused by her work. Similarly, the January 29, 2010 work restriction form completed by Dr. Folgueras did not contain any medical rationale explaining how her work activities caused her knee condition.

Dr. Folgueras's letter dated July 20, 2010 described appellant's symptoms, but did not state a diagnosis. Further, the report reiterated appellant's statement that "[s]he reported increased pain and swelling with increased activity and prolonged standing and walking, which is part of her regular job responsibilities." The report did not provide the doctor's own medical explanation of how appellant's employment factors caused her knee condition. Reiteration of the patient's own statement cannot form the basis for a rationalized medical opinion.⁶ Finally, the report concluded that "the symptoms remain with exertion and prolonged standing/walking associated with her job description." This statement did not refer to appellant's diagnosed condition, nor did it provide medical rationale explaining how appellant's standing and walking caused her condition. As such, appellant has not submitted the necessary medical evidence to establish the causal connection between her diagnosed knee condition and her accepted work factors.⁷

CONCLUSION

The Board finds that appellant failed to meet her burden of proof to establish that she sustained bilateral knee synovitis causally related to walking and standing during her federal employment.

⁶ See *S.W.*, Docket No. 10-2071 (issued July 11, 2011); *F.D.*, Docket No. 10-863 (issued December 16, 2010).

⁷ Appellant's own statement dated May 31, 2010 claims that Dr. Folgueras found that the walking and standing in her work has caused the front of her knee to be overloaded, and that the floor in the airport being cement and tile also contributed to the problem. However, since these findings are not included in any of the medical reports submitted, the Board cannot consider them as medical evidence. Appellant may submit additional evidence in support of her claim, with another request for reconsideration. 20 C.F.R. § 10.606.

ORDER

IT IS HEREBY ORDERED THAT the August 10, 2010 decision of the Office of Workers' Compensation Programs is affirmed.

Issued: October 7, 2011
Washington, DC

Alec J. Koromilas, Judge
Employees' Compensation Appeals Board

Colleen Duffy Kiko, Judge
Employees' Compensation Appeals Board

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