

U.S. DEPARTMENT OF LABOR

Employees' Compensation Appeals Board

In the Matter of BENNIE WILLIAMS and U.S. POSTAL SERVICE,
POST OFFICE, University City, Mo.

*Docket No. 97-14; Submitted on the Record;
Issued September 1, 1998*

DECISION and ORDER

Before GEORGE E. RIVERS, DAVID S. GERSON,
A. PETER KANJORSKI

The issue is whether appellant established that he sustained an injury while in the performance of duty on October 4, 1995.

The Board has duly reviewed the record in this case and finds that the evidence fails to establish that appellant sustained a right knee injury in the performance of duty.

An employee seeking benefits under the Federal Employees' Compensation Act¹ has the burden of proof to establish the essential elements of his claim.² When an employee claims that he sustained an injury in the performance of duty, he must submit sufficient evidence to establish that he experienced a specific event, incident or exposure occurring at the time, place and in the manner alleged. He must also establish that such event, incident or exposure caused an "injury" as defined in the Act and its regulations.³

Appellant's October 4, 1995 claim alleged that, while in the performance of duty, he tripped on a telephone cord which inflamed the left knee. In a decision dated June 11, 1996, the Office denied this claim on the grounds that the medical evidence of file failed to support a medical condition resulting from the alleged trauma.

Causal relationship is a medical issue,⁴ and the medical evidence required to establish causal relationship, generally, is rationalized medical opinion evidence. Rationalized medical opinion evidence is medical evidence that includes a physician's reasoned opinion on whether there is a causal relationship between the claimant's diagnosed condition and the accepted incident or factor of employment. The opinion of the physician must be based on a complete

¹ 5 U.S.C. §§ 8101- 8193.

² *Mark A. Cacchione*, 46 ECAB 148 (1994).

³ *Ern Reynolds*, 45 ECAB 690 (1994).

⁴ *Corlisa L. Sims (Smith)*, 46 ECAB 172 (1994).

factual and medical background of the claimant,⁵ must be one of reasonable medical certainty⁶ and must be supported by medical rationale explaining the nature of the relationship between the diagnosed condition and the accepted incident or factor of employment.⁷

The medical evidence submitted in the instant case does not establish that appellant sustained a left knee injury on October 4, 1995.

In a duty status report dated October 20, 1995, Dr. Eric D. Washington, appellant's treating physician and a Board-certified orthopedic surgeon, stated that appellant injured his left knee at work on October 4, 1995 and had a possible medial meniscus tear or an anterior cruciate ligament tear. He released appellant to limited duty effective October 25, 1995.⁸ Without any explanation or rationale, such reports are of little probative value and insufficient to establish causal relationship.⁹ This report from Dr. Washington, therefore, is of little probative value and insufficient to establish that appellant's condition was causally related to his October 4, 1995 employment-related injury.

In a medical report dated November 27, 1995, Dr. Washington stated that appellant was under his care from October 4, 1995 for a torn left medial meniscus tear and that he had been totally disabled from October 4 to November 27, 1995 at which time he was released to "limited duties indefinitely." However, this report is of limited probative value because it lacks sufficient medical rationale.¹⁰

Dr. Ashokkumar B. Patel, a specialist in occupational medicine, examined appellant on November 5, 1995 and noted the findings. He stated that appellant noted intermittent discomfort based on an earlier left knee medial meniscus tear for which surgery was recommended but not performed. Upon examination he noted no left knee swelling, hematoma or ecchymosis. Knee skin was normal with no knee joint effusion, although Dr. Patel noted that appellant was tender and hypersensitive to touch around the left knee. No pain, discomfort or complaints along medial or lateral joint, or on tibia femur or patellofemoral. Cruciate ligaments intact. Knee extension full without pain, knee flexion up to 120 degrees with marked complaints of pain, no swelling or tenderness in the popliteal fossa, no pain or discomfort in calf muscle, and no sign of thrombophlebitis. Appellant's weight bearing was normal, as he exhibited no discomfort in stepping up or down. He had no neurovascular deficit in his toes, gait was stable with marked limping on the left side although no lurching or instability was noted. Dr. Patel was unable to perform the McMurray's test because of marked complaints of pain. He noted that appellant "defers to squat more than 10 to 20 degrees." Dr. Patel read the X-ray report as negative. Dr. Patel concluded that appellant had "injury left knee, with old meniscal injury," and returned

⁵ *Jerry A. Miller*, 46 ECAB 243 (1994).

⁶ *Ruby I. Fish*, 46 ECAB 276 (1994).

⁷ *Jerry D. Osterman*, 46 ECAB 500 (1994).

⁸ In a medical report dated December 9, 1994, Dr. Washington noted that appellant had injured his left knee three years previous, and that he had become increasingly symptomatic with pain.

⁹ *Id.*

¹⁰ *Larry Warner*, 43 ECAB 1027 (1992).

appellant to light duty noting that there was no permanent damage to the left knee. This report is of diminished probative value inasmuch as it fails to establish any causal relationship between appellant's condition and the accepted incident.¹¹

An award of compensation may not be based on surmise, conjecture, speculation or appellant's belief of causal relationship.¹² The Board has held that the mere fact that a disease or condition manifests itself during a period of employment does not raise an inference of causal relationship between the condition and the employment.¹³ Neither the fact that the condition became apparent during a period of employment nor appellant's belief that the employment caused or aggravated his condition is sufficient to establish causal relationship.¹⁴

To establish appellant's claim, medical evidence is necessary to establish a causal relationship between the accepted incident and appellant's medical condition. As the medical evidence of record failed to establish such a causal relationship, the Office properly denied his claim.

The June 11, 1996 decision of the Office of Workers' Compensation Programs is affirmed.

Dated, Washington, D.C.
September 1, 1998

George E. Rivers
Member

David S. Gerson
Member

A. Peter Kanjorski
Alternate Member

¹¹ *Barbara J. Williams*, 40 ECAB 649 (1989).

¹² *William Nimitz, Jr.*, 30 ECAB 567, 570 (1979).

¹³ *Mary Briggs*, 37 ECAB 578 (1986).

¹⁴ *Bruce E. Martin*, 35 ECAB 1090, 1093 (1984).