U. S. DEPARTMENT OF LABOR

Employees' Compensation Appeals Board

In the Matter of GERTRUDE L. RANCE and U.S. POSTAL SERVICE,
POST OFFICE, Chicago, IL

Docket No. 98-727; Submitted on the Record;
Issued September 8, 1999

DECISION and ORDER

Before MICHAEL J. WALSH, WILLIE T.C. THOMAS,
A. PETER KANJORSKI

The issue is whether appellant sustained an injury while in the performance of duty on February 24, 1994, as alleged.

The Board has duly reviewed the record on appeal and finds that the medical evidence fails to establish that appellant sustained an injury while in the performance of duty.

An employee seeking benefits under the Federal Employees' Compensation Act[1] has the burden of proof to establish the essential elements of her claim. When an employee claims that she sustained an injury in the performance of duty, she must submit sufficient evidence to establish that she experienced a specific event, incident or exposure occurring at the time, place and in the manner alleged. She must also establish that such event, incident or exposure caused an injury.[2]

The Office of Workers' Compensation Programs does not dispute that appellant climbed stairs in the course of her employment as a postal carrier. An event, incident or exposure is therefore established. In its August 4, 1997 decision, the Office denied appellant's claim on the grounds that the medical evidence failed to establish that the medical condition for which she sought benefits was causally related to this employment activity.

Causal relationship is a medical issue[3] and the medical evidence generally required to establish causal relationship is rationalized medical opinion evidence. Rationalized medical

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[1] 5 U.S.C. §§ 8101-8193.

[2] *See generally John J. Carlone*, 41 ECAB 354 (1989); *Abe E. Scott*, 45 ECAB 164 (1993); *see also* 5 U.S.C. § 8101(5) ("injury" defined); 20 C.F.R. §§ 10.5(a)(15)-.5(a)(16) ("traumatic injury" and "occupational disease or illness" defined).

[3] *Mary J. Briggs*, 37 ECAB 578 (1986).

opinion evidence is medical evidence that includes a physician's rationalized opinion on whether there is a causal relationship between the claimant's diagnosed condition and the established incident or factor of employment. The opinion of the physician must be based on a complete factual and medical background of the claimant,[4] must be one of reasonable medical certainty,[5] and must be supported by medical rationale explaining the nature of the relationship between the diagnosed condition and the established incident or factor of employment.[6]

The record contains no such medical opinion. In a June 28, 1994 report, Dr. Gerald F. Loftus, an orthopedist, clarified the history appellant gave to him by noting that she developed pain while beginning her mail route. This report offered no opinion on the issue of causal relationship. In a report dated June 6, 1996, Dr. Joseph McShea, an osteopath, stated: "Patients knee pain is most likely 2 degrees [sic] to both being overweight and stair climbing activity." This opinion is unsupported by medical rationale and is of little probative value in establishing that the diagnosed patellofemoral syndrome was caused or aggravated by climbing stairs in the course of appellant's federal employment.[7] Dr. Clay Canaday, an osteopath, noted that appellant showed evidence of chondromalacia of the left patella with lateral tracking. He also diagnosed degenerative arthritis of the left knee, but on July 24, 1997 he reported that he was unaware of any specific work incident causing appellant's condition.

To establish her entitlement to compensation benefits, appellant must submit a well-reasoned medical opinion explaining how, from a pathophysiological perspective, climbing stairs in the course of appellant's federal employment caused or aggravated her chondromalacia or degenerative arthritis or other diagnosed condition. It is not necessary that the evidence be so conclusive as to suggest causal connection beyond all possible doubt in the mind of a medical scientist. The evidence required is only that necessary to convince the adjudicator that the conclusion drawn is rational, sound and logical.[8] Without such a reasoned medical opinion, the evidence of record is insufficient to establish appellant's entitlement to benefits.[9]

[4] *William Nimitz, Jr.*, 30 ECAB 567, 570 (1979).

[5] *See Morris Scanlon*, 11 ECAB 384, 385 (1960).

[6] *See William E. Enright*, 31 ECAB 426, 430 (1980).

[7] *Ceferino L. Gonzales*, 32 ECAB 1591 (1981); *George Randolph Taylor*, 6 ECAB 968 (1954) (medical conclusions unsupported by rationale are of little probative value).

[8] *Kenneth J. Deerman*, 34 ECAB 641, 645 (1983) and cases cited therein at note 1.

[9] The reports of physical therapists have no probative value on medical questions because a physical therapist is not a physician as defined by 5 U.S.C. § 8101(2) and therefore is not competent to render a medical opinion. *Barbara J. Williams*, 40 ECAB 649, 657 (1988). Also, the Board's jurisdiction is limited to reviewing the evidence that was before the Office at the time of its final decision. 20 C.F.R. § 501.2(c). The Board therefore has no jurisdiction to review the reports of Dr. David J. Smith, which reports appellant submitted after the Office's August 4, 1997 decision.

The August 4, 1997 decision of the Office of Workers' Compensation Programs is affirmed.

Dated, Washington, D.C.
September 8, 1999

Michael J. Walsh
Chairman

Willie T.C. Thomas
Alternate Member

A. Peter Kanjorski
Alternate Member