U. S. DEPARTMENT OF LABOR

Employees' Compensation Appeals Board

In the Matter of GWENDOLYN STEPHENSON and SOCIAL SECURITY ADMINISTRATION, SOCIAL SECURITY EMPLOYEES, Kansas City, MO

Docket No. 00-2315 Submitted on the Record;
Issued July 27, 2001

DECISION and ORDER

Before BRADLEY T. KNOTT, A. PETER KANJORSKI, PRISCILLA ANNE SCHWAB

The issue is whether appellant sustained an injury while in the performance of duty.

On November 19, 1999 appellant, a 52-year-old legal clerk and technician, filed a traumatic injury claim alleging that in October 1999 she hurt her right knee when she fell while attempting to sit down at a table for lunch.

In treatment notes dated November 17, 1999, Dr. George Robinson, a Board-certified orthopedic surgeon, indicated that appellant was seen for follow up of her right knee. He noted that over the past several weeks appellant had quite a bit of pain and even some swelling in the superior aspect of the knee. Dr. Robinson diagnosed medial meniscus tear and referred appellant for a magnetic resonance imagining (MRI) scan.

In a November 19, 1999 MRI scan, Dr. Mary MacNaughton, a Board-certified radiologist, diagnosed a medial meniscal tear, small effusion, changes of chrondomalacia involving the medial and patellofemoral compartments and edema in the subcutaneous soft tissues anterior to the patella and patellar tendon, representative of soft tissue contusion and/or prepatellar bursitis.

In a letter dated December 13, 1999, the Office of Workers' Compensation Programs requested that appellant submit additional information. The Office also requested medical documentation explaining how the reported work incident caused or aggravated the claimed injury. Appellant was allotted 30 days to submit the requested evidence.

In a December 16, 1999 work restriction certificate, Dr. Robert Powers, Board-certified in internal and emergency medicine, indicated that appellant had a work-related injury to her right knee. Dr. Powers noted that the MRI scan revealed a tear to the medial meniscus with prepatellar bursitis, as well as chrondomalacia. He indicated that appellant could not work due to pain.

In a statement received by the Office on December 22, 1999, appellant stated that she was pulling the chair under her to sit down, when it rolled backwards causing her to fall to the floor in a "squatting position." Appellant indicated that she reported the injury to her acting supervisor and that she had a prior condition of joint arthritic pain and was treated previously for osteoarthritis in both knees.

By decision dated January 25, 2000, the Office denied appellant's claim for compensation on the grounds that she did not establish fact of injury. The Office found that appellant experienced the claimed employment factor but did not submit sufficient medical evidence to establish that she had a condition attributable to her employment.

In a letter received by the Office on March 8, 2000, appellant requested reconsideration.

In a February 29, 2000 statement received by the Office on March 8, 2000, appellant's acting supervisor, Elaine Henderson, stated that appellant fell out of her chair in the lunchroom on October 27, 1999.

In a May 8, 2000 report, Dr. Stephen Munns, a Board-certified orthopedic surgeon, noted that appellant missed a chair while attempting to sit at work and fell backwards in a deep flexion position; both knees struck the floor and were hyperflexed. Dr. Munns observed that the MRI scan revealed a posterior horn tear of the medial meniscus and stated that appellant had arthroscopic surgery on January 18, 2000. He indicated that the surgery revealed tears of both appellant's medial and lateral meniscus cartilages and chondromalacia lesions involving both femoral condyles.

Dr. Munns opined that the cause of this injury was totally consistent with a hyperflexion injury, which was the most typical mechanism resulting in a posterior horn tear of the medial meniscus in appellant's age group. He indicated that because appellant was symptom free prior to the incident and her symptoms resolved subsequent to the surgery, this appeared temporarily and anatomically clearly related to the hyperflexion injury sustained on the job.

By merit decision dated June 1, 2000, the Office denied appellant's request to modify its prior decision on the grounds that the evidence failed to establish that she had a knee condition causally related to her October 1999 employment injury.

The Board finds that appellant has not met her burden of proof to establish that she sustained an injury while in the performance of duty in October 1999.

An employee seeking benefits under the Federal Employees' Compensation Act[1] has the burden of establishing the essential elements of his or her claim including the fact that the individual is an "employee of the United States within the meaning of the Act, that the claim was filed within the applicable time limitation 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 the essential

[1] 5 U.S.C. §§ 8101-8193.

[2] *Elaine Pendleton*, 40 ECAB 1143, 1145 (1989).

elements of each and every compensation claim regardless of whether the claim is predicated upon a traumatic injury or occupational disease.[3]

In order to determine whether an employee actually sustained an injury in the performance of duty, the Office begins with an analysis of whether fact of injury has been established. Generally, fact of injury consists of two components which must be considered in conjunction with one another.

The first component to be established is that the employee actually experienced the employment incident, which is alleged to have occurred.[4]

The second component is whether the employment incident caused a personal injury and generally can be established only by medical evidence. To establish a causal relationship between the condition, as well as any attendant disability, claimed and the employment event or incident, the employee must submit rationalized medical opinion evidence, based on a complete factual and medical background, supporting such a causal relationship.[5]

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. The weight of medical evidence is determined by its reliability, its probative value, its convincing quality, the care of analysis manifested and the medical rationale expressed in support of the physician's opinion.[6]

In this case, the Office found that the October 1999 incident occurred in the time, place and manner alleged.

However, the Board finds that appellant has not established that the October 1999 employment incident resulted in an injury. The treatment notes from Dr. Robinson did not contain any opinion that the claimant's condition was causally related to the employment incident.[7] Additionally, he indicated that appellant was an established patient, but failed to explain why appellant's preexisting condition was not the cause of her knee injury. The November 19, 1999 MRI scan report from Dr. MacNaughton did not differentiate appellant's bursitis from the employment incident. Dr. MacNaughton did not explain the nature of the relationship between the diagnosed condition and the specific employment factors identified by

[3] *Daniel J. Overfield*, 42 ECAB 718, 721 (1991).

[4] *Elaine Pendleton*, *supra* note 2.

[5] *See* 20 C.F.R. § 10.110(a); *John M. Tornello*, 35 ECAB 234 (1983).

[6] *James Mack*, 43 ECAB 321 (1991).

[7] *Arlonia B. Taylor*, 44 ECAB 591 (1993).

the claimant. Dr. Powers noted that appellant had a work-related injury to her right knee but offered no rationale for his conclusion.

Dr. Munns did not provide an accurate history of appellant's history. He indicated that appellant was symptom free prior to the injury, but the record reflects that appellant had arthritis in both knees prior to the injury and bursitis. Dr. Munns' report was based on an inaccurate history and thus is of limited probative value.[8] Additionally, the Board has held that a medical opinion that a condition is causally related to an employment injury because the employee was symptomatic after the injury but not prior to the injury is insufficient, without supporting rationale, to establish causal relationship.[9] Consequently, appellant's medical records failed to establish a causal relationship between the diagnosed condition and the employment incident of October 1999. Therefore, she has failed to meet her burden of proof.

The June 1 and January 25, 2000 decisions of the Office of Workers' Compensation Programs are hereby affirmed.

Dated, Washington, DC
July 27, 2001

Bradley T. Knott
Alternate Member

A. Peter Kanjorski
Alternate Member

Priscilla Anne Schwab
Alternate Member

[8] *See John W. Pettigrew*, 6 ECAB 941 (1954); *Mary E. Mims*, 6 ECAB 68 (1953); *Vernon R. Stewart*, 5 ECAB 276 (1953) (medical opinions based on an incomplete or inaccurate factual background are entitled to little probative value in establishing claims for compensation). For more recent cases emphasizing the importance of a complete and accurate factual background, *see Bille C. Rae*, 43 ECAB 192 (1991); *Clarence E. Brockman*, 40 ECAB 753 (1989); *Carl E. Hendrickson*, 35 ECAB 593 (1984); *James A. Wyrich*, 31 ECAB 1805 (1980).

[9] *Cleopatra McDougal-Saddler*, 47 ECAB 480 (1996).