

U. S. DEPARTMENT OF LABOR

Employees' Compensation Appeals Board

In the Matter of SHARON JONES and U.S. POSTAL SERVICE
POST OFFICE, San Diego, CA

*Docket No. 02-607; Submitted on the Record;
Issued December 13, 2002*

DECISION and ORDER

Before COLLEEN DUFFY KIKO, DAVID S. GERSON,
WILLIE T.C. THOMAS

The issues are: (1) whether appellant sustained injuries to both knees while in performance of her federal duties and (2) whether she had an ongoing left ankle injury after November 27, 1998.

On June 23, 1998 appellant, then a 42-year-old letter carrier, filed a notice of traumatic injury and claim for compensation (Form CA-1), alleging that she tripped walking across a lawn while delivering her route. According to her she stepped in a hole falling on both knees and twisting her left ankle.

In a June 24, 1998 duty status report, Dr. Thomas Riley wrote that appellant stepped "into a hole, left ankle and knee hurt, no other problems." He placed her on light duty for one week.

In an undated follow up report, received by the Office of Workers' Compensation Programs on June 30, 1998, Dr. Riley wrote appellant's "knee has full ROM and stable to varus/vargus stress and anterior/posterior drawer. There is no ecchymosis, edema, erythema or effusion around the knee."

In a July 9, 1998 report, Dr. Steven Munday diagnosed appellant with a left ankle sprain.

In a September 25, 1998 report, Dr. Robert Vinton reported that appellant complained of right knee pain and stiffness as a result of doing her full-time duties. He diagnosed a right knee sprain.

On October 9, 1998 appellant filed a notice of occupational disease and claim for compensation (Form CA-2), alleging that when she fell on June 23, 1998 she hurt both knees as well as her left ankle.

In an October 19, 1998 report, Dr. Mark Sateriale, a Board-certified radiologist, diagnosed a horizontal free edge tear of the body of the lateral meniscus. This does not extend

into the articular surface. The remaining menisci are intact. There is a minimal joint effusion. There is chondromalacia at the patellofemoral joint.

In a November 2, 1998 letter, the Office requested more information of her knee condition.

In a November 11, 1998 letter, appellant indicated that she complained of her knee pain when she met with Dr. Riley, but he failed to note the discussion in his notes.

In a November 27, 1998 report, Dr. David Flood diagnosed appellant with a resolved left ankle sprain, chondromalacia and possible lateral meniscus tear of the right knee.

In a January 28, 1999 decision, the Office treated the occupational disease claim as a traumatic injury (Form CA-1) and denied the claim finding insufficient the medical evidence relating the right knee to the June 23, 1998 fall.

On May 24, 1999 appellant filed another Form CA-2, alleging that on July 1, 1998 she noticed her knees were swelling and painful because she was carrying her weight on her right leg due to her painful left ankle.

In a May 25, 1999 report, Dr. Mark Clapper indicated that he had performed arthroscopic surgery on appellant's right knee. According to his report appellant indicated that she sustained immediate and persistent pain in her right knee after her fall on June 23, 1998.

On June 16, 1999 appellant filed a notice of recurrence claim (Form CA 2a), alleging that when she returned to work her ankle and knee swelled and were painful.

On August 5, 1999 appellant filed another notice of recurrence claim (Form CA 2a), alleging again that when she returned to work her ankle and knees swelled and were painful.

In a June 29, 1999 report, Dr. Clapper wrote that appellant "now mostly complains of left ankle and more knees pain."

In an October 1, 1999 report, Dr. John Alchemy wrote "the mechanism of injury as described by [appellant] is consistent with one that could produce a meniscus injury." Additionally, the same is true for the left knee.... Appellant's bilateral knee pain and left ankle pain are considered to be caused by the work injury of June 23, 1998, when she twisted her left ankle and fell landing on both knees.

On December 27, 1999 appellant was returned to light duty following her knee surgery.

On May 24, 2000 the claim was accepted for a left ankle strain that was found resolved by November 18, 1998 based on a report by Dr. Flood, appellant's treating physician.

On May 25, 2000 the Office requested more information regarding the recurrence claims. Appellant did not respond.

In a July 6, 2000 decision, the Office denied the recurrence claims.

In a July 24, 2000 letter, appellant requested a hearing.

In a May 24, 2001 decision, the hearing representative affirmed the July 6, 2000 decision, finding that the medical evidence does not support a causal relationship between appellant's bilateral knee condition and her left ankle, after November 28, 1998 and the incident of June 23, 1998.

In an August 28, 2001 letter, appellant requested reconsideration. In support of her request, she submitted several documents already in the record and a new report from Dr. Alchemy.

In his June 25, 2001 report, Dr. Alchemy reiterated appellant's contention that her original treating physician ignored her complaints of knee pain. He further wrote that "with this history being accepted, appellant's fall included both an injury to the left ankle and a contusion to both knees, it is medically probable that the force transferred to the knees could result in a meniscal tear of the right knee.... Additionally, with this line of reasoning the left knee pain, although, no internal derangement confirmed, would also be consistent with a mechanism capable of producing a chronic strain type injury to the soft knee structures."

In an October 17, 2001 report, the Office denied modification of its May 24, 2001 decision.

The Board finds that appellant has not met her burden of proof to establish that she sustained a work-related disability in the performance of federal duties.

An employee seeking benefits under the Federal Employees' Compensation Act¹ 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 timely filed within the applicable time limitation period 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 The medical evidence required to establish a causal relationship between a claimed period of disability and an employment injury is rationalized medical opinion evidence. 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 compensable 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.³

In the present case, there is no rationalized medical evidence in the record causally relating appellant's left ankle condition after November 18, 1998 to the June 23, 1998 incident.

¹ 5 U.S.C. §§ 8101-8193.

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

³ *See Donna Faye Cardwell*, 41 ECAB 730, 741-42 (1990).

In addition, Dr. Alchemy's October 1, 1999 report said that the injury as appellant described it could have caused a meniscus tear to the knee, but he did not, with reasonable medical certainty, say it did cause the tear; thus it is speculative.

Dr. Alchemy also failed to provide a medical rationale why, if appellant's knees were painful and swelled immediately after the fall, as she alleged to Dr. Clapper, there was no mention of the knee pain for 2½ months after the precipitating incident.

In support of her reconsideration request, appellant submitted Dr. Alchemy's June 25, 2001 report. In that report, Dr. Alchemy reiterated appellant's previous explanation that her original physician ignored her complaints of knee pain, but that argument is inconsistent with the evidence in the record, including the fact that appellant, who indicated her knees swelled over night after the incident, did not mention knee pain in her Form CA-1, filed the day after the fall.

Additionally, Dr. Reilly, who examined appellant's knees the day after her fall, found full range of motion and no instability in her knees. When he reexamined appellant on July 2, 1998, Dr. Reilly released appellant to full duties with no mention of knee pain. Dr. Munday's examination of appellant on July 9, 1998 also failed to mention knee pain.

Dr. Alchemy also stated that it is medically probable that the fall could result in a torn meniscal tear, but this opinion is again speculative. He does not, with medical certainty, explain how the fall resulted in a meniscal tear and why the tear would produce no symptoms for nearly 2½ months.

Absent this medical explanation, the Boards finds that appellant has not met her burden of proof to establish that she had work-related injuries to her left ankle after November 11, 1998 or to both knees while in the performance of her federal duties.

The decisions of the Office of Workers' Compensation Programs dated October 17 and May 24, 2001 are hereby affirmed.

Dated, Washington, DC
December 13, 2002

Colleen Duffy Kiko
Member

David S. Gerson
Alternate Member

Willie T.C. Thomas
Alternate Member