

U. S. DEPARTMENT OF LABOR

Employees' Compensation Appeals Board

In the Matter of MARGARET CRAVELLO and U.S. POSTAL SERVICE,
POST OFFICE, Jersey City, NJ

*Docket No. 03-256; Submitted on the Record;
Issued March 24, 2003*

DECISION and ORDER

Before ALEC J. KOROMILAS, DAVID S. GERSON,
MICHAEL E. GROOM

The issue is whether appellant has met her burden of proof to establish that her fall at work on August 1, 2000 was sustained in the performance of duty.

On August 20, 2001 appellant, then a 48-year-old clerk, filed a notice of traumatic injury alleging that, on August 17, 2001, while entering through doors in the lobby at work, her left knee gave out and she fell forward on the floor landing on both knees and her hand. Appellant immediately reported the incident.

In an August 20, 2001 report, Dr. Paul A. Foddai, a Board-certified orthopedic surgeon, noted that on August 17, 2001 appellant noted severe left knee pain and her knee buckled. She fell injuring her right shoulder, right wrist and had pain in both knees. The examination referred to bilateral knee pain and found effusion of the left knee, which had been present in the past. Knee x-rays revealed evidence of tri-compartment degenerative arthritis.¹ Dr. Foddai advised that appellant was disabled but could resume work on August 27, 2001.

By letter dated September 4, 2001, the Office of Workers' Compensation Programs requested additional medical and factual information. Appellant was asked whether she felt her job caused or contributed to the claimed work incident and whether she fell directly to the floor or struck an object on the way down.

In response, appellant reiterated that her left knee gave out, which caused her to fall to the floor. She advised that she fell directly to the floor onto both knees. She further stated that Dr. Foddai stated that her magnetic resonance imaging (MRI) examination of the left knee

¹ It is noted that the wrist x-rays were negative for fracture or dislocation and x-ray of the shoulder revealed evidence of calcification of the tendon, indicative of either a chronic inflammatory condition although it may have been subclinical.

showed evidence of a tear of the medial meniscus, which was the cause of her left knee giving out. It was also the cause of her pain and difficulty walking.

Additional medical evidence was not received.

By decision dated October 10, 2001, the Office denied appellant's claim for compensation on the basis that the medical evidence failed to establish that her condition was caused by factors of employment.

Appellant, through her attorney, requested an oral hearing before an Office hearing representative. Additional medical evidence was submitted.

In a December 18, 2001 report, Dr. Foddai noted the results of his examination of appellant's left knee. He advised that past correspondence revealed that appellant had MRI evidence of a tear of the left knee medial meniscus. He further opined that appellant's subjective complaints were corroborated by the objective findings and her condition had plateaued from nonoperative intervention to a recommendation for arthroscopic surgery.

In a March 18, 2002 report, Dr. Foddai noted that appellant was initially seen on January 3, 2001 for a work injury of October 5, 2000, when she slipped on plastic material and fell onto both knees and twisted her left ankle. Appellant was placed on limited duty. Dr. Foddai noted that, at the time of his evaluation, appellant had complaints of bilateral knee pain with the left being more involved than the right. Initial examination findings revealed an effusion, reduced motion, medial joint line pain and a positive McMurray's test with atrophy. Appellant was started on nonsteroidal anti-inflammatory medication. In February 2001, appellant was placed on physical therapy. Because of persistent knee pain and effusion, an MRI of the knee was obtained which revealed a tear of posterior horn medial meniscus. Mild improvement was noted when appellant returned to the office on June 20, 2001. Dr. Foddai stated that appellant was seen August 20, 2001 on a semi-emergent basis. She sustained a fall on August 17, 2001, following another episode of buckling of the left knee. Appellant injured her right wrist, right shoulder, worsened her left knee pain and worsened the right knee pain. Reduced motion, an effusion and worsening medial joint line pain was found. Appellant continued with home exercise program and activity modification. Appellant was last seen on March 14, 2002 with a complaint of persistent bilateral knee pain with the left knee being worse than the right. Appellant walked slowly and deliberately, could not squat. There was an effusion on the left side, with medial joint line pain and a positive McMurray's test. Dr. Foddai opined that appellant tore the medial meniscus of the left knee and that she had an exacerbation of this process on August 17, 2001 when the left knee buckled. He noted that she had been experiencing buckling of the left knee, which was a common symptom of a torn medial meniscus. Dr. Foddai opined that appellant required arthroscopic surgery of the left knee and should continue to work on limited duty.

By decision dated June 14, 2002, an Office hearing representative affirmed the denial of appellant's claim for compensation, finding that appellant's fall at work on August 17, 2001 was an idiopathic fall as no instrumentality of appellant's work contributed to her injury. It was further noted that, as Dr. Foddai's report of March 18, 2002 made it clear that appellant's fall at work on August 17, 2001 was causally related to the October 5, 2000 work injury, her injury

could be a consequential injury. Appellant was advised to file a consequential injury claim under that file number if she wished to pursue her claim.

The Board finds that appellant has failed to meet her burden of proof to establish that her fall at work on August 17, 2001 was sustained in the performance of duty within the meaning of the Act.

It is a well-settled principle of workers' compensation law and the Board has so held, that an injury resulting from an idiopathic fall -- where a personal, nonoccupational pathology causes an employee to collapse and suffer injury upon striking the immediate supporting surface and there is no intervention or contribution by any hazard or special condition of employment -- is not within the coverage of the Act. Such an injury does not arise out of a risk connected with or in the course of employment and it, therefore, is not compensable.² The question of causal relationship is a medical one and must be resolved by probative medical evidence.³

The Board has recognized that, although a fall is idiopathic, an injury resulting from an idiopathic fall is compensable if "some job circumstance of working condition intervenes in contributing to the incident or injury, for example, the employee falls onto, into or from an instrumentality of the employment"⁴ or where, instead of falling directly to the floor on which he has been standing, the employee strikes a part of his body against a wall, a piece of equipment, furniture or machinery or some like object.⁵ Appellant has the burden of establishing that she struck an object connected with the employment during the course of her idiopathic collapse.⁶

In the present case, the medical evidence consists of Dr. Foddai's reports. The reports identify appellant's preexisting left knee medial meniscus tear with effusions and pain. Dr. Foddai stated that as a result of the torn meniscus, appellant's left knee had a tendency to buckle. He stated that her left knee buckled on August 17, 2001, causing her to fall. Dr. Foddai related appellant's current left knee condition to a work-related injury of October 5, 2000.⁷ The evidence indicates that, when appellant's left knee buckled, she fell directly to the floor, landing on both her knees and right hand. The evidence does not establish that her fall was caused by intervention of or contribution by any employment-related factors, *i.e.*, she did not strike any object, other than the floor, during the course of her fall at work on August 17, 2001. For this

² *Martha G. List*, 26 ECAB 200 (1974); *Gertrude E. Evans*, 26 ECAB 195 (1974); *Rebecca C. Daily*, 9 ECAB 255 (1956); *see also Larson*, *The Law of Workers' Compensation* §§ 9, 9.01 (2000).

³ *Robert J. Choate*, 39 ECAB 103 (1987); *John D. Williams*, 37 ECAB 238 (1985).

⁴ *Rebecca C. Daily*, *supra* note 2.

⁵ *Chunny Wong*, 31 ECAB 579 (1980); *Pauline Finley*, 19 ECAB 481 (1968); *Wilford M. Smith*, 9 ECAB 259 (1957).

⁶ *Gertrude E. Evans*, *supra* note 2.

⁷ The Board notes that it does not have access to the record regarding appellant's work injury of October 5, 2000.

reason, the Board finds that the August 17, 2001 incident constituted an idiopathic fall, and is not compensable.⁸

The decision of the Office of Workers' Compensation Programs dated June 14, 2002 is hereby affirmed.

Dated, Washington, DC
March 24, 2003

Alec J. Koromilas
Chairman

David S. Gerson
Alternate Member

Michael E. Groom
Alternate Member

⁸ The issue of whether the August 17, 2001 fall constitutes a consequential injury is in an interlocutory posture and not an issue before the Board. 20 C.F.R. § 501.2(c).