

U. S. DEPARTMENT OF LABOR

Employees' Compensation Appeals Board

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In the Matter of BABU PERINGOL and U.S. POSTAL SERVICE  
POST OFFICE, Oklahoma City, OK

*Docket No. 02-2299; Submitted on the Record;  
Issued May 7, 2003*

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DECISION and ORDER

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

The issue is appellant has any continuing disability or residuals on or after December 27, 2000, the date by which the Office of Workers' Compensation Programs terminated appellant's compensation benefits.

On December 7, 2000 appellant, then a 53-year-old casual carrier, filed a traumatic injury claim alleging that on December 5, 2000 he slipped off a curb with loose leaves and landed on his chest, left knee and left wrist in the performance of duty. Appellant returned to a limited-duty assignment on December 29, 2000.<sup>1</sup>

In a December 7, 2000 report, Dr. James Culp,<sup>2</sup> Board-certified in emergency medicine, noted appellant's history of injury, which included a fall where he landed on his chest and left knee and hit the left wrist. Dr. Culp diagnosed a contusion to the left wrist and left knee. He noted that an x-ray was taken which appeared to be normal.

In a December 14, 2000 report, Dr. Thomas Futch,<sup>3</sup> a family practitioner, indicated that appellant's left wrist contusion was resolved, the left knee contusion was resolving slowly and there was minimal superficial laceration of the right hand.

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<sup>1</sup> On January 3, 2001 appellant was no longer employed with the employing establishment.

<sup>2</sup> The report is unsigned.

<sup>3</sup> The report was unsigned.

In a December 19, 2000 report, Dr. Angel Rivera,<sup>4</sup> a physician of unknown specialty, indicated that the left knee contusion was improving slowly, appellant's left wrist contusion was resolved and the superficial right thumb laceration was healed.

In a December 27, 2000 report, Dr. Rivera<sup>5</sup> indicated that appellant's left wrist contusion and superficial laceration to the right thumb were resolved. She opined that the left knee contusion was still symptomatic over the medial collateral ligament sight.

In a December 29, 2000 report, Dr. Rivera<sup>6</sup> indicated that appellant's left knee contusion had persistent pain.<sup>7</sup>

On January 4, 2001 appellant filed a Form CA-7 for continuing disability and compensation as of December 17, 2000.

In a report dated January 8, 2001, Dr. Kevin Hargrove, a Board-certified orthopedic surgeon, reported a history of left knee pain and referenced a second injury involving some back pain. Dr. Hargrove indicated that appellant had traumatic prepatellar bursitis and a possible osteochondral lesion of the patella. He recommended magnetic resonance imaging (MRI) scan of the left knee.

On March 5, 2001 the Office of Workers' Compensation Programs accepted appellant's claim for contusion to the left knee.

In a March 8, 2001 MRI scan of the left knee, Dr. Michael A. Pollack, a Board-certified diagnostic radiologist, indicated that appellant had: mild intrasubstance degeneration in the medial and lateral menisci without any evidence of a meniscal tear; early degenerative joint disease of a mild degree; no obvious chondral defects/fissures or osteochondral lesions; a mild patella alta and a small knee joint effusion.

In a March 12, 2001 report,<sup>8</sup> Dr. Hargrove noted appellant's MRI scan findings and indicated that appellant had multiple complaints about burning and sensation of popping whenever he kneeled. He noted that appellant's allegation that his right knee was problematic in that his right knee was related to his previous injury. The physician indicated that when appellant first injured his left knee "he was in shock" and as he improved, he began to notice his right knee was also a problem. Dr. Hargrove noted that, regarding appellant's left knee, the physician indicated that his examination was stable and he did not see anything from a surgical standpoint, or an orthopedic surgery standpoint. Dr. Hargrove recommended a home exercise

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<sup>4</sup> The report was unsigned.

<sup>5</sup> The report was unsigned.

<sup>6</sup> The report is unsigned.

<sup>7</sup> The physician also noted that appellant had slipped again and he indicated that appellant advised him of this second slip on December 19, 2000. Dr. Rivera denied being informed of the second slip at that time.

<sup>8</sup> The report is unsigned.

program and over-the-counter anti-inflammatories. He noted that appellant was not in need of surgery and released appellant.<sup>9</sup>

In a March 12, 2001 disability certificate, Dr. Hargrove indicated that appellant had restrictions that included no lifting over 50 pounds, no pushing or pulling over 40 pounds and no squatting with respect to his left knee. However, no diagnosis was provided.

On July 31, 2002 the Office advised appellant of the type of medical evidence needed to establish his claim for compensation.

By decision dated August 19, 2002, the Office found that the weight of the medical evidence failed to demonstrate appellant's entitlement to medical benefits after December 27, 2000, for the reason that appellant had recovered from the incident and that there were no further objective findings.

The Board finds that appellant has no continuing disability or medical residuals on or after December 27, 2000, the date by which the Office terminated appellant's compensation benefits.

Once the Office accepts a claim, it has the burden of proving that the disability has ceased or lessened in order to justify termination or modification of compensation benefits.<sup>10</sup> After it has determined that an employee has disability causally related to his or her federal employment, the Office may not terminate compensation without establishing that the disability has ceased or that it is no longer related to the employment.<sup>11</sup> Furthermore, the right to medical benefits for an accepted condition is not limited to the period of entitlement for disability.<sup>12</sup> To terminate authorization for medical treatment, the Office must establish that appellant no longer has residuals of an employment-related condition which require further medical treatment.<sup>13</sup>

In assessing medical evidence, the weight of such evidence is determined by its reliability, its probative value, and its convincing quality. The opportunity for and thoroughness of examination, the accuracy and completeness of the physician's knowledge of the facts and medical history, the care of the analysis manifested, and the medical rationale expressed in support of the physician's opinion are facts which determine the weight to be given each individual report.<sup>14</sup>

In the instant case, the Office found that there were no objective findings to support that there were any other injuries or other parts of the body affected by the injury event of

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<sup>9</sup> The physician noted that appellant's private doctor should evaluate his right knee.

<sup>10</sup> *Lawrence D. Price*, 47 ECAB 120 (1995).

<sup>11</sup> *Id.*; see *Patricia A. Keller*, 45 ECAB 278 (1993).

<sup>12</sup> *Furman G. Peake*, 41 ECAB 361, 364 (1990).

<sup>13</sup> *Id.*

<sup>14</sup> See *Connie Johns*, 44 ECAB 560 (1993).

December 5, 2000 as of December 27, 2000. The Office relied upon the December 27 and 29, 2000 reports of Dr. Rivera, appellant's treating physician, who indicated that appellant's left wrist contusion and superficial laceration had resolved on December 27, 2000. Although Dr. Rivera opined that the left knee was symptomatic on December 27, 2000, she noted in her December 29, 2000 report that appellant reported a second fall to her that he had not mentioned on his December 19, 2000 visit. She noted that the left knee had persistent pain but she did not explain how the continuing condition continued to be related to the fall of December 5, 2000 as opposed to his December 19, 2000 fall, which was not reported as work related. As the record contained no further objective findings, the Office concluded that appellant's work-related condition had resolved effective December 27, 2000.

The Board notes that the record contains numerous reports prior and subsequent to December 27, 2000 which seem to relate that appellant's left knee had not completely resolved; however, they are not rationalized in that they do not explain how the second fall, which appellant's physician alleged occurred around December 19, 2000, would be related to or have any relation to his employment. None of the physicians addressed the causal relationship between appellant's current conditions and his current disability. For example, none of the physicians explained why appellant's claimed continuing condition would be related to the December 5, 2000 accepted injury as opposed to his second nonwork-related fall.<sup>15</sup>

The record also contains several physical therapy reports. However, health care providers such as nurses, acupuncturists, physician's assistants and physical therapists are not physicians under the Act. Thus, their opinions on causal relationship do not constitute rationalized medical opinions and have no weight or probative value.<sup>16</sup>

The Board therefore finds that Dr. Rivera's December 27 and 29, 2000 reports established, at that time, that appellant ceased to have any objective disability or condition causally related to his employment injuries, thereby the Office met its burden to terminate appellant's compensation benefits effective December 27, 2000.

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<sup>15</sup> The Board notes that the record also contains several reports, including a January 8, 2001 report from Dr. Hargrove, who reported a history of left knee pain and referenced a second injury involving some back pain. The physician indicated that appellant had traumatic prepatellar bursitis and a possible osteochondral lesion of the patella. He recommended an MRI scan of the left knee. However, he did not provide any opinion on causal relation or explain the causal relationship between the employment-related fall or the second fall. In his March 12, 2001 report, which was unsigned, he noted that regarding appellant's left knee, the physician indicated that his examination was stable and he did not see anything from a surgical standpoint, or an orthopedic surgery standpoint. Dr. Hargrove recommended a home exercise program and over-the-counter anti-inflammatories and released appellant. He did not distinguish appellant's second injury or show how the first injury would continue to cause disability. Further, his report was of limited probative value as it was unsigned.

<sup>16</sup> *Jan A. White*, 34 ECAB 515, 518 (1983).

The August 19, 2002 decision of the Office of Workers' Compensation Programs is hereby affirmed.

Dated, Washington, DC  
May 7, 2003

Alec J. Koromilas  
Chairman

David S. Gerson  
Alternate Member

Michael E. Groom  
Alternate Member