

**United States Department of Labor  
Employees' Compensation Appeals Board**

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**KAFFRIE E. JONES, Appellant**

**and**

**U.S. POSTAL SERVICE, POST OFFICE,  
Coppell, TX, Employer**

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**Docket No. 03-585  
Issued: April 7, 2004**

*Appearances:*  
*Kaffrie E. Jones, pro se*  
*Office of Solicitor, for the Director*

*Case Submitted on the Record*

**DECISION AND ORDER**

Before:

DAVID S. GERSON, Alternate Member  
WILLIE T.C. THOMAS, Alternate Member  
A. PETER KANJORSKI, Alternate Member

**JURISDICTION**

On January 8, 2003 appellant filed a timely appeal from the decision of the Office of Workers' Compensation Programs dated October 2, 2002. Pursuant to 20 C.F.R. §§ 501.2(c) and 501.3, the Board has jurisdiction to review the decision.

**ISSUE**

The issue is whether appellant's knee and left foot condition is causally related to factors of her federal employment.

**FACTUAL HISTORY**

On March 25, 2001 appellant, then a 42-year-old distribution clerk, filed a traumatic injury claim alleging that on January 2, 2001, her left knee popped and her left knee and foot began to swell. Her supervisor, Blanca Salazar, indicated that appellant did not seek medical treatment until March 16, 2001.

In a medical report dated March 16, 2001, Dr. Karuna R. Vangala, a Board-certified internist, diagnosed left knee strain and opined that appellant required light-duty work as of

February 23, 2001. Appellant submitted her own statement dated March 25, 2001, with more details about the incident and Ms. Salazar submitted a statement dated March 26, 2001 stating that appellant notified her of the January 2, 2001 injury on March 26, 2001. Ms. Salazar stated, however, that she recalled that on January 2, 2001 appellant's leg was swollen and appellant requested to see a clinic nurse.

By letter dated April 13, 2001, the Office informed appellant that additional evidence was needed, including a physician's report supported by a medical explanation addressing how her injury aggravated or caused the claimed injury.

Appellant explained that the knee incident at work happened when she was standing in her work case and turned. She stated that her doctor would not take a workers' compensation case and the doctor that she went to left the city and she did not know where he was.

By decision dated June 15, 2001, the Office denied the claim on the grounds that appellant established an employment incident on January 2, 2001, but did not submit sufficient medical evidence to show that she sustained an injury as a result of the incident.

By letter dated June 10, 2002, appellant requested reconsideration of the Office's decision and submitted additional evidence. In reports dated June 27, July 3, November 15 and 20, 2001, Dr. Richard Galperin, a podiatrist, performed a physical examination and diagnosed heel spur syndrome and plantar fasciitis of the left foot. In the June 15, 2001 report, for appellant's history of injury, Dr. Galperin referenced the chief complaint form and patient report of accident for the history. Those forms, however, describe appellant's symptoms, but do not mention her employment.

Appellant also submitted medical reports or progress notes from Dr. Ronnie D. Shade, a Board-certified orthopedic surgeon, dated from December 12, 2001 to July 3, 2002. In his report dated December 12, 2001, Dr. Shade considered appellant's history of history, reviewed x-rays which were normal and performed a physical examination. Dr. Shade diagnosed post-traumatic chondromalacia in the patella and suspected medial meniscus tear. He prescribed that appellant perform light-duty work. In some of his other reports, Dr. Shade noted that appellant had tenderness in her left knee with swelling and there was a popping sound when her knee was flexed. On November 15, 2001 he stated that appellant was unable to work at all for a week. In several reports dated in early 2002, Dr. Shade listed the date of injury as January 2, 2001. In his July 3, 2002 report, he stated that appellant complained of swelling and popping of the left knee and that her job duties were aggravating her left knee symptoms. Dr. Shade prescribed therapy and a home exercise program and recommended arthroscopy and arthrotomy of the left knee.

Appellant submitted medical reports from Dr. Pamela L. Santone, a Board-certified family practitioner, dated July 26, 2001 to March 13, 2002. In her report dated July 26, 2001, Dr. Santone stated that appellant complained of left knee pain that sometimes radiated into her buttocks. She stated that appellant had not worked at the employing establishment for two weeks because of the knee pain but her knee had hurt her since January. Dr. Santone performed a physical examination and diagnosed chronic bursitis. In her August 22, 2001 report, she performed a physical examination and diagnosed left knee pain and suspected bursitis versus degenerative joint disease. Dr. Santone stated that she was referring appellant for surgery. She

also diagnosed depression. Dr. Santone prescribed light-duty work for appellant in her reports. On March 13, 2002 she stated that appellant was totally disabled due to knee pain.

In a report dated July 24, 2002, Dr. Olayinka E. Ogunro, a Board-certified orthopedic surgeon, to whom Dr. Santone referred appellant, considered that appellant injured her knee while turning at work although he did not specify a date. He performed a physical examination, reviewed x-rays and diagnosed possible internal derangement of the left knee, chondromalacia patella and possible meniscus tear. Dr. Ogunro prescribed a magnetic resonance imaging (MRI) scan. On July 25, 2002 he stated that appellant was totally disabled and on August 7, 2002 he prescribed light-duty work. An MRI scan dated July 31, 2002 showed advanced chondromalacia of the patella or chronic osteochondral injury, mild Grade I, strain of the medial patellar retinaculum and distal patellar tendon, degenerative changes in the medial meniscus and very small joint effusion.

In a decision dated October 2, 2002, the Office affirmed its June 15, 2001 decision.

### **LEGAL PRECEDENT**

To determine whether a federal employee has sustained a traumatic injury in the performance of duty, it must first be determined whether a “fact of injury” has been established. First, the employee must submit sufficient evidence to establish that he or she actually experienced the employment incident at the time, place and in the manner alleged.<sup>1</sup> Second, the employee must submit sufficient evidence, generally only in the form of medical evidence, to establish that the employment incident caused a personal injury.<sup>2</sup>

The medical evidence required to establish a causal relationship, generally, is rationalized medical evidence. Rationalized medical evidence is medical evidence which includes a physician’s rationalized medical 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.<sup>3</sup>

### **ANALYSIS**

In this case, the Office found that appellant established an employment incident on January 2, 2001, but did not submit sufficient medical evidence to show that she sustained an injury as a result of the incident. None of the medical evidence appellant submitted contained a rationalized medical opinion explaining how her left knee condition was related to her employment. Many of the doctors do not even mention an accurate history of the injury as they

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<sup>1</sup> *Robert J. Krstyen*, 44 ECAB 227, 229 (1992); *John J. Carlone*, 41 ECAB 354, 356-357 (1989).

<sup>2</sup> *Id.*

<sup>3</sup> *Ern Reynolds*, 45 ECAB 690, 695 (1994); *Gary L. Fowler*, 45 ECAB 365, 371 (1994).

do not mention that appellant's knee incident occurred at work. In his report dated March 16, 2001, Dr. Vangala diagnosed left knee strain and prescribed light-duty work, but he did not address appellant's history of injury or causation. In his reports dated June 27 through November 20, 2001, Dr. Galperin diagnosed heel spur syndrome and plantar fasciitis of the left foot, but he also did not address appellant's history of injury or causation. In his reports dated from December 12, 2001 through July 3, 2002, Dr. Shade considered appellant's history of injury, performed a physical examination and reviewed normal x-rays. He either prescribed light-duty work or opined that appellant was disabled but he did not address causation. In several reports dated in early 2002, Dr. Shade noted that appellant reported the date of injury as January 2, 2001, but he did not provide any details of the incident or a clear opinion that appellant sustained an employment-related injury on that or any other date. In the medical reports dated July 26, 2001 to March 13, 2002, Dr. Santone diagnosed chronic bursitis and prescribed light-duty work. She did not address appellant's history of injury, but in her July 26, 2001 report stated that appellant had not worked for two weeks and had been in pain for six months. She did not address causation.

In his July 24, 2002 report, Dr. Ogunro diagnosed possible internal derangement of the left knee, chondromalacia patella of the left knee and possible meniscus tear. He reviewed an MRI scan which showed chondromalacia of the patella, medial patellar strain and degenerative changes. Dr. Ogunro described appellant's work restrictions, but did not address causation. The Board has held that a medical report which has an inaccurate work history or that is not fortified by medical rationale is of little probative value.<sup>4</sup> The medical reports appellant submitted are of diminished probative value for those reasons.

### CONCLUSION

Appellant did not submit any medical reports containing a rationalized medical opinion explaining how her left knee condition is causally related to factors of her federal employment. She has, therefore, failed to establish her claim.

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<sup>4</sup> *Caroline Thomas*, 51 ECAB 451, 456 (2000); *Samuel Senkow*, 50 ECAB 370, 377 (1999).

**ORDER**

**IT IS HEREBY ORDERED THAT** the October 2, 2002 decision of the Office of Workers' Compensation Programs be affirmed.

Issued: April 7, 2004  
Washington, DC

David S. Gerson  
Alternate Member

Willie T.C. Thomas  
Alternate Member

A. Peter Kanjorski  
Alternate Member