



November 13, 2002, Dr. Ronald W. Connor, appellant's treating Board-certified orthopedic surgeon, indicated that appellant had full pain-free motion in her right knee and could resume her normal work duties.

On June 20, 2003 appellant filed a notice alleging recurrence of the August 9, 2002 injury on or about April 19, 2003 resulting in disability on May 14, 2003. In support of her claim for recurrence, appellant submitted a report from Dr. Howard Jay Hassell, an attending Board-certified orthopedic surgeon, indicating that on May 14, 2003 he performed arthroscopic surgery on her right knee with chondroplasty of the intercondylar notch and medial femoral condyle, removal of cartilaginous loose bodies and partial synovectomy.

Appellant also submitted Dr. Hassell's progress reports dated from April 30 to August 19, 2003, an attending physician's report dated June 18, 2003, and duty status reports dated May 28 and June 18, 2003. Dr. Hassell indicated that appellant had a history of injury on August 9, 2002 when she fell on her right knee while at work. Appellant would be off work until her rehabilitation from the May 14, 2003 surgery was complete. On June 18, 2003 Dr. Hassell checked a "yes" box indicating that appellant's August 9, 2002 injury caused or aggravated her right knee condition. On August 19, 2003 he noted that appellant was disabled from May 14 to August 12, 2003 and, after the phrase "Causal relationship between injury and employment," he provided a description of the August 9, 2002 injury.

On June 19, 2003 Dr. Stephen M. Sokolyk, a Board-certified internist, indicated that appellant has been under his care and that her last visit was on April 14, 2003.

By letter dated July 17, 2003, the Office requested that appellant submit further information.

In a June 24, 2003 note, Dr. Frank C. Kretsinger, an osteopath, indicated that he saw appellant on May 1, 2003 and that at that time it was determined that she was medically unable to work from May 1 through 5, 2003.

On August 13, 2003 Dr. Hassell completed a return to work clearance form, indicating that appellant was unable to work from May 14 to August 2, 2003. He indicated that she could work limited duty from August 13 to September 13, 2003 for four hours a day with restrictions of lifting/carrying no more than 20 to 30 pounds and standing for four hours.

By decision dated September 30, 2003, the Office denied appellant's claim for a recurrence of disability finding that the medical evidence did not establish that a recurrence of the August 9, 2002 injury had occurred.

By letter dated January 5, 2004, appellant requested reconsideration and submitted a December 17, 2003 report from Dr. Hassell who noted that a magnetic resonance imaging (MRI) scan of August 21, 2002 confirmed the diagnosis of posterior patellar chondromalacia and moderate joint effusion of the right knee. He suggested that on August 9, 2002 appellant actually sustained the right knee condition found on the August 21, 2002 MRI scan testing. Dr. Hassell contended that his report of surgery on May 14, 2003 clearly indicated a connection between this surgery and the August 9, 2002 work injury. He noted that the injections given to appellant prior

to that did not resolve her work injury of August 9, 2002 but simply helped alleviate her pain enough for her to return to work for a short period of time. He concluded:

“I do not feel there is a recurrence of her injury. I do feel [appellant] simply could not tolerate the pain any longer. There was no worsening of her condition from the original MRI [scan] of [August 21, 2002] until the time [appellant] underwent surgery.

“We are again requesting the Department of Labor accept [appellant’s] treatment as related to her work injury of [August 9, 2002].”

By decision dated April 16, 2004, the Office determined that the evidence submitted on reconsideration was not sufficient to modify the September 30, 2003 decision.

### **LEGAL PRECEDENT**

Where appellant claims a recurrence of disability due to an accepted employment-related injury, he or she has the burden of establishing by the weight of reliable, probative and substantial evidence that the recurrence of disability is causally related to the original injury.<sup>1</sup> This burden includes the necessity of furnishing evidence from a qualified physician who, on the basis of a complete and accurate factual and medical history, concludes that the condition is causally related to the employment injury.<sup>2</sup> Moreover, the physician’s conclusion must be supported by sound medical reasoning.<sup>3</sup>

The medical evidence must demonstrate that the claimed recurrence was caused, precipitated, accelerated or aggravated by the accepted injury.<sup>4</sup> In this regard, medical evidence of bridging symptoms between the recurrence and the accepted injury must support the physician’s conclusion of a causal relationship.<sup>5</sup> While the opinion of a physician supporting causal relationship need not be one of absolute medical certainty, the opinion must not be speculative or equivocal.

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<sup>1</sup> *Robert H. St. Onge*, 43 ECAB 1169 (1992).

<sup>2</sup> Section 10.104(a)(b) of the Code of Federal Regulations provides that when an employee has received medical care as a result of the recurrence, he or she should arrange for the attending physician to submit a detailed medical report. The physician’s report should include the physician’s opinion with medical reasons regarding the causal relationship between the employee’s condition and the original injury, any work limitations or restrictions and the prognosis. 20 C.F.R. § 10.104.

<sup>3</sup> Federal (FECA) Procedure Manual, Part 2 -- Claims, *Causal Relationship*, Chapter 2.805.2 (June 1995).

<sup>4</sup> Federal (FECA) Procedure Manual, Part 2 -- Claims, *Causal Relationship*, Chapter 2.805.2 (June 1995).

<sup>5</sup> For the importance of bridging information in establishing a claim for recurrence of disability, see *Robert H. St. Onge*, *supra* note 1; *Shirloyn J. Holmes*, 39 ECAB 938 (1988); *Richard McBride*, 37 ECAB 748 (1986).

## ANALYSIS

In the instant case, the medical evidence does not establish that appellant sustained a recurrence of disability causally related to her accepted injury of August 9, 2002. Appellant's treating physician, Dr. Connor, released her to return to work in November 2002. Appellant alleges that she sustained a recurrence of disability due to the August 9, 2002 injury on or about April 19, 2003 and stopped work on May 14, 2003. In support thereof, she submitted various reports by Dr. Hassell, an attending Board-certified orthopedic surgeon.

In his June 18, 2003 report, Dr. Hassell checked a "yes" box indicating that appellant's August 9, 2002 injury caused or aggravated her right knee condition at that time. The Board has held, however, that when a physician's opinion on causal relationship consists only of checking "yes" to a form question, that opinion has little probative value and is insufficient to establish causal relationship.<sup>6</sup> Appellant's burden includes the necessity of furnishing an affirmative opinion from a physician who supports his conclusion with sound medical reasoning. As Dr. Hassell did no more than check "yes" to a form question, his opinion on causal relationship is of little probative value and is insufficient to show that appellant sustained a recurrence of disability on or after May 14, 2003 causally related to her August 9, 2002 employment injury. In his August 19, 2003 report, Dr. Hassell noted that appellant was disabled from May 14 to August 12, 2003 and after the phrase "Causal relationship between injury and employment," he provided a description of the August 9, 2002 injury. However, he did not provide a clear opinion that the August 9, 2002 injury was responsible for that particular period of disability, nor did he provide any medical rationale for such an opinion.

In his December 17, 2003 report, Dr. Hassell suggested that August 21, 2002 MRI scan testing showed that appellant sustained posterior patellar chondromalacia and moderate joint effusion due to the August 9, 2002 employment injury. He stated that appellant's right knee condition had not changed since August 2002 and indicated that she had not sustained a recurrence of disability. Dr. Hassell then recommended that the Office accept appellant's treatment as related to her August 9, 2002 employment injury. However, appellant's claim was accepted for right knee strain and Dr. Hassell did not provide adequate medical rationale for his conclusion that appellant sustained a far more severe right knee injury on August 9, 2002.<sup>7</sup> Moreover, Dr. Hassell did not explain a basic contradiction in his opinion. He indicated appellant's right knee condition had not changed since August 2002 and suggested that appellant's May 14, 2003 surgery was necessitated by the August 9, 2002 employment injury. But he failed to explain how, under such circumstances, appellant was able to perform her regular job duties for an extended period prior to May 2003. The other physicians of record, Drs. Kretsinger and Sokolyk, offered no opinion as to the cause of appellant's disability after May 14, 2003. Accordingly, appellant has not met her burden of proof to establish that she sustained a recurrence of the August 9, 2003 injury.

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<sup>6</sup> *Lillian M. Jones*, 34 ECAB 379, 381 (1982).

<sup>7</sup> *See Leon Harris Ford*, 31 ECAB 514, 518 (1980) (finding that a medical report is of limited probative value on the issue of causal relationship if it contains a conclusion regarding causal relationship which is unsupported by medical rationale).

**CONCLUSION**

Appellant has not met her burden of proof to establish that she sustained a recurrence of disability on or after May 14, 2003 causally related to her August 9, 2002 employment injury.

**ORDER**

**IT IS HEREBY ORDERED THAT** the decisions of the Office of Workers' Compensation Programs dated April 16, 2004 and September 30, 2003 are hereby affirmed.

Issued: November 1, 2004  
Washington, DC

David S. Gerson  
Alternate Member

Willie T.C. Thomas  
Alternate Member

Michael E. Groom  
Alternate Member