



history of right knee problems, including a 1974 surgery and a March 1990 partial medial meniscectomy with debridement. Also, he sustained an occupational right knee injury on February 2, 1995.<sup>1</sup>

Appellant submitted periodic reports from Dr. Gelman. He treated appellant beginning in May 1990 for chronic knee problems. In a January 2, 2001 report, Dr. Gelman noted appellant's account of his right knee locking as he walked his route. He obtained x-rays showing "tricompartamental osteoarthritis change" with proliferative osteophebitis. Dr. Gelman opined that arthroscopy would be insufficient to treat appellant's difficulties and so performed a total right knee replacement on February 22, 2001.

In a March 8, 2001 report, Dr. Gelman opined that appellant's long-standing bilateral knee problems were caused by advancing osteoarthritis. He explained that "much of [his] difficulties [were] cumulative in nature, attributable to periods of long[-]standing walking," with worsening symptoms in December 2000. Dr. Gelman opined that appellant's "employment, particularly those activities in December 2000, ha[d] aggravated the degenerative condition."

By letter dated April 12, 2001, the Office accepted appellant's claim for aggravation of osteoarthritis of the right knee. The Office noted that it had not accepted that the February 22, 2001 right knee replacement was work related, as the surgery was anticipated years before the December 28, 2000 injury occurred. The Office advised appellant that to pursue an authorization of the right knee replacement he should submit a detailed, rationalized explanation from his physician delineating "how the incident of December 28, 2000 brought about the need for a total knee replacement procedure."

In a July 12, 2001 letter, appellant requested that the Office retroactively authorize the February 22, 2001 total right knee replacement. He asserted that Dr. Gelman's March 8, 2001 report was sufficient to establish that walking and standing at work, as well as the December 28, 2000 report, precipitated the need for the surgery. In a July 19, 2001 letter, the Office found that Dr. Gelman's March 8, 2001 report was insufficient to meet appellant's burden of proof and explained the need for additional medical rationale.

In a July 30, 2002 letter, appellant again requested that the Office authorize the February 22, 2001 right knee replacement. In support of his request, he submitted a July 3, 2002 report from Dr. Gelman, who explained that 1990 x-rays demonstrated that sequela of a prior meniscectomy caused premature degenerative joint disease of the right knee. He opined that appellant's right knee condition was "cumulative ... leading to advanced degenerative joint disease. This condition was set into place many years ago, when an open meniscectomy was performed." Dr. Gelman stated that "ambulatory activities during the course of [appellant's] employment," in addition to activities of daily living, aggravated "his right knee arthritic process." But he opined that "the event of December 28, 2000 did not cause the need for total knee replacement. This aggravation, in laymen's terms, may have been 'the final blow,' though

---

<sup>1</sup> The February 2, 1995 right knee injury was assigned file No. 03-0205033. The record indicates that the claim was processed as a "no time lost" injury and that the record was subsequently destroyed.

it was not a substantial event in the spectrum of the subsequent carrying out of the surgical procedure.”

By decision dated October 10, 2002, the Office denied authorization for the right knee replacement on the grounds that the medical evidence was insufficient to establish that the procedure was medically necessary as a result of the accepted December 28, 2000 right knee injury.

Appellant then requested an oral hearing, held on October 21, 2003. At the hearing, he stated that he underwent a 1974 open meniscectomy of the right knee to treat a football injury. Appellant began his postal employment on November 23, 1985. Dr. Gelman advised him in 1990 that he would eventually require a total right knee replacement. Also, appellant asserted that Dr. Gelman’s reports were sufficient to establish causal relationship between work factors and the February 22, 2001 right knee replacement.

By decision dated and finalized January 16, 2004, the Office hearing representative affirmed the Office’s October 10, 2002 decision. The hearing representative found that appellant submitted no evidence supporting “that the work injury of December 28, 2000 resulted in or precipitated the need for surgery.” The hearing representative noted that while Dr. Gelman suggested that the cumulative effect of walking at work “aggravated the right knee arthritic process,” appellant had not filed an occupational disease claim.

### **LEGAL PRECEDENT**

Section 8103(a) of the Federal Employees’ Compensation Act states in pertinent part: “The United States shall furnish to an employee who is injured while in the performance of duty, the services, appliances and supplies prescribed or recommended by a qualified physician, which the Secretary of Labor considers likely to cure, give relief, reduce the degree of the period of disability or aid in lessening the amount of the monthly compensation.”<sup>2</sup> In interpreting section 8103, the Board has recognized that the Office has great discretion in approving services provided under the Act.<sup>3</sup> In order to obtain authorization for surgery, appellant must establish that the surgery is necessary for treatment of the effects of the employment-related injury.<sup>4</sup> Proof of causal relationship, in a case such as this, must include supporting rationalized medical evidence.<sup>5</sup>

### **ANALYSIS**

The Office denied appellant’s request for retroactive authorization of the February 22, 2001 right knee replacement on the grounds that the surgery was not causally related to the

---

<sup>2</sup> 5 U.S.C. § 8103(a). *Delphia Y. Jackson*, 55 ECAB \_\_\_\_ (Docket No. 04-165, issued March 10, 2004).

<sup>3</sup> *Vickey C. Randall*, 51 ECAB 357 (2000); *Janice Kirby*, 47 ECAB 220 (1995).

<sup>4</sup> *See Cathy B. Millin*, 51 ECAB 331, 333 (2000); *Francis H. Smith*, 46 ECAB 392, 394 (1995).

<sup>5</sup> *See Debra S. King*, 44 ECAB 203 (1992).

accepted December 28, 2000 traumatic aggravation of preexisting osteoarthritis of the right knee. The Office found that the opinion of Dr. Gelman, an attending osteopathic physician Board-certified in orthopedic surgery, did not support a causal relationship between the effects of the December 28, 2000 incident and the right knee replacement.

In January 2 and March 8, 2001 and July 3, 2002 reports, Dr. Gelman attributed the need for the right knee replacement to degenerative arthritis precipitated by the 1974 open meniscectomy. The Board notes that the 1974 meniscectomy is not occupationally related as it predated the start of appellant's federal postal employment on November 23, 1985. Thus, Dr. Gelman attributed the need for the February 22, 2001 right knee replacement to a nonoccupational cause.

Dr. Gelman also opined that "ambulatory activities" during appellant's employment, "particularly ... in December 2000," aggravated the degenerative process in the right knee. But appellant did not file, nor did the Office accept, an occupational disease claim alleging that a series of ambulatory activities necessitated the right knee replacement. The Office accepted only the December 28, 2000 traumatic incident. Dr. Gelman negated a causal relationship between that incident and the knee replacement, opining that "the event of December 28, 2000 did not cause the need for total knee replacement." He explained that although it was the final injury to appellant's right knee before the surgery, the December 28, 2000 injury "was not a substantial event in the spectrum of the subsequent carrying out of the surgical procedure." As Dr. Gelman did not support that the accepted December 28, 2000 traumatic aggravation of preexisting osteoarthritis necessitated the right knee replacement, his opinion does not establish that the need for that surgery was work related.<sup>6</sup>

The Board finds that the medical evidence of record lacks sufficient rationalized medical opinion explaining how appellant's need for a right knee replacement was related to the accepted December 28, 2001 traumatic incident. Therefore, the Office properly denied authorization for the right knee replacement.

### **CONCLUSION**

The Board finds that the Office properly denied appellant's request for authorization of right knee replacement surgery on the grounds that he did not submit sufficient evidence establishing that the surgery was necessitated by the accepted December 28, 2001 injury.

---

<sup>6</sup> See *Cathy B. Millin, supra* note 4.

**ORDER**

**IT IS HEREBY ORDERED THAT** the January 16, 2004 decision of the Office of Workers' Compensation Programs is affirmed.

Issued: October 20, 2004  
Washington, DC

Coleen Duffy Kido  
Member

David S. Gerson  
Alternate Member

Willie T.C. Thomas  
Alternate Member