

By letter dated March 1, 2005, the Office advised appellant that the information submitted in his claim was not sufficient to determine whether he was eligible for benefits and advised of the additional medical and factual evidence needed to support his claim. Appellant was directed to provide a detailed narrative report from his physician that would include a history of the injury and all other prior industrial and nonindustrial injuries to his left knee, a firm diagnosis of any condition resulting from this injury, findings, symptoms and test results that confirm all diagnosed conditions, treatment provided, prognosis and the period and extent of disability, if any. The Office requested that the physician also indicate whether and explain why the diagnosed condition was caused or aggravated by the employment.

In a report dated February 15, 2005, Dr. Pablo Guajardo, a Board-certified orthopedic surgeon, stated that he examined appellant on that day as a result of a work-related injury on January 31, 2005, when appellant felt a stabbing pain to the left knee when it buckled. He noted appellant's history of injury, including a work-related left knee meniscectomy six years prior. Upon examination, Dr. Guajardo noted approximately 10 degrees locking of the left knee. He also noted locking secondary to a possible meniscal tear. Dr. Guajardo indicated that appellant had stable medial and lateral collateral ligaments at 0 and 30 degrees of flexion, negative pivot shift, negative drawer's sign, positive crepitation, and a positive McMurray's test. X-rays taken on February 15, 2005 revealed early traumatic medial arthritis and chondromalacia of the left patella. Dr. Guajardo requested authorization for a magnetic resonance imaging (MRI) scan of the left knee and placed appellant on restrictions against excessive stair climbing and squatting. He diagnosed chondromalacia of the left patella, with internal derangement in the left knee, meniscal tear and subluxing of the left patella.

In a duty status report dated February 15, 2005, Dr. Guajardo diagnosed internal derangement and meniscus tear of the left knee, and checked "yes" to a question on the causal relationship of appellant's injury and his employment. He noted that appellant was released to return to full duty on February 16, 2005 with restrictions on stairs and squatting. An MRI scan report dated February 18, 2005 revealed residual degenerative signal from the posterior horn, and body of the meniscus and residual extrusion of the medial meniscus and secondary osteoarthritis of the medial compartment with medial space loss, subchondral sclerosis, subchondral geode formation, abnormal patellar mechanics with mild findings of chondromalacia of the patella, geode formation of the lateral tibial plateau, and a discoid lateral meniscus and small joint effusion.

In a report dated March 8, 2005, Dr. Guajardo stated that the MRI scan revealed torn medial meniscus and a very thin anterior cruciate ligament. Clinically, the knee was found to be unstable and giving away. He requested authorization for surgery and maintained his work restrictions. In a form report dated March 8, 2005, Dr. Guajardo stated that appellant was released to return to restricted duty from March 7 to April 11, 2005. In a duty status report dated March 8, 2005, Dr. Guajardo stated that appellant had stabbing left knee pain and again checked "yes" to a question on the causal relationship of appellant's injury and his employment. Dr. Guajardo noted that appellant was released to return to restricted duty.

The record includes prior treatment records, including a light-duty report from a Dr. Acosta dated March 3, 1998 indicating that appellant was released to return to restricted duty on March 4, 1998. Appellant was restricted from left knee bending until he was seen by a

specialist on March 16, 1998. A treatment note dated February 24, 1998 indicated that appellant was seen for left knee stiffness.

By decision dated April 4, 2005, the Office denied appellant's claim on the grounds that he did not establish fact of injury. The Office found that appellant had established the occurrence of the January 31, 2005 employment incident but failed to submit sufficient medical evidence addressing causal relation.

LEGAL PRECEDENT

An employee seeking benefits under the Federal Employees' Compensation Act¹ has the burden of establishing the essential elements of his or her claim including the fact that the individual is an employee of the United States within the meaning of the Act, that the claim was filed within the applicable time limitation of the Act, that an injury was sustained in the performance of duty as alleged and that any disability and/or specific condition for which compensation is claimed are causally related to the employment injury. These are the essential elements of each and every compensation claim regardless of whether the claim is predicated upon a traumatic injury or an occupational disease.²

In order to determine whether an employee actually sustained an injury in the performance of duty, the Office begins with an analysis of whether fact of injury has been established. Generally, fact of injury consists of two components which must be considered in conjunction with one another. The first component to be established is that the employee actually experienced the employment incident which is alleged to have occurred.³ The second component is whether the employment incident caused a personal injury and generally can be established only by medical evidence. To establish a causal relationship between the condition, as well as any attendant disability, claimed and the employment event or incident, the employee must submit rationalized medical opinion evidence, based on a complete factual and medical background, supporting such a causal relationship.⁴

Rationalized medical opinion evidence is medical evidence which includes a physician's rationalized 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.⁵ The weight of medical evidence is determined by its reliability, its probative

¹ 5 U.S.C. §§ 8101-8193.

² *Gary J. Watling*, 52 ECAB 357 (2001).

³ *Michael E. Smith*, 50 ECAB 313 (1999).

⁴ *Id.*

⁵ *Leslie C. Moore*, 52 ECAB 132 (2000).

value, its convincing quality, the care of analysis manifested and the medical rationale expressed in support of the physician's opinion.⁶

ANALYSIS

In a report dated February 15, 2005, Dr. Guajardo noted diagnoses of chondromalacia patella, subluxing left patella and a left meniscal tear. Regarding causal relationship, the doctor, noted that appellant had an "on-the-job injury" to his left knee on January 31, 2005 when he felt a "stabbing pain" while walking. However, the doctor's opinion on causal relationship is of limited probative value as he did not provide medical rationale explaining how walking at work caused or aggravated the diagnosed conditions. Dr. Guajardo did not explain the medical processes by which walking at work would cause the left knee diagnosed conditions or how such conditions aggravate appellant's preexisting left knee condition.

In form reports dated February 15 and March 8, 2005, Dr. Guajardo indicated by checking a box "yes" that appellant's left knee condition was causally related to the January 31, 2005 incident. However, when a physician's opinion supporting causal relationship consists only of checking "yes" to a form question, the opinion is of diminished probative value and is insufficient to establish a causal relationship.⁷ The February 18, 2005 MRI scan report included no opinion on causal relationship and thus was of no probative value in establishing appellant's claim. Dr. Guajardo's March 8, 2005 report, in which he stated that appellant was released to return to restricted duty from March 7 to April 11, 2005, included no rationalized medical opinion addressing a causal relationship. In his request for authorization for a left knee MRI scan on March 8, 2005, Dr. Guajardo did not include an opinion on causal relationship. Other medical reports of record did not specifically address how the January 31, 2005 employment activity would have caused or aggravated a specific left knee condition.

Although the Office advised appellant on March 1, 2005 regarding the evidence he needed to establish his claim, he failed to submit adequate medical evidence that he sustained a work-related injury on January 31, 2005 and, consequently, failed to discharge his burden of proof.

CONCLUSION

The Board finds that appellant has not met his burden of proof to establish that he sustained an injury in the performance of duty.

⁶ *Jimmie H. Duckett*, 52 ECAB 332 (2001); *Franklin D. Haislah*, 52 ECAB 457 (2001) (medical reports not containing rationale on causal relationship are entitled to little probative value).

⁷ *Gary J. Watling*, *supra* note 2.

ORDER

IT IS HEREBY ORDERED THAT the decision of the Office of Workers' Compensation Programs dated April 4, 2005 is affirmed.

Issued: August 10, 2005
Washington, DC

Colleen Duffy Kiko, Judge
Employees' Compensation Appeals Board

David S. Gerson, Judge
Employees' Compensation Appeals Board

Michael E. Groom, Alternate Judge
Employees' Compensation Appeals Board