

working in baggage he experienced locking of his right knee, and stated that lifting heavy bags over the required weight caused the problem with his right knee. Appellant described his right knee injury as a partial thickness tear of the posterior cruciate ligament and a degeneration within the posterior of the medial meniscus.

Appellant submitted a December 8, 2003 report from Premier Imaging, a radiographic imaging center. Dr. Jay Kleinman, a radiologic osteopathic practitioner, noted that appellant had an injury on November 26, 2003 and reported the results of a magnetic resonance imaging scan of the right knee. He diagnosed partial thickness tear of the posterior cruciate ligament, and noted that there was a small amount of fluid in the joint space and a degenerative signal within the posterior horn of the medial meniscus. No other abnormalities were noted.

Appellant submitted a Form CA-7 dated March 8, 2004 seeking intermittent loss of pay for the period beginning in the fall of 2003 and ending in the spring of 2004.¹

In a letter dated April 5, 2004, the Office advised appellant of the evidence needed to establish his claim. On April 12, 2004 comments were sought from the employing establishment.

By decision dated May 5, 2004, the Office denied appellant's claim for compensation finding that the medical evidence submitted was not sufficient to establish that his knee condition resulted from his job activities as a transportation security screener.²

LEGAL PRECEDENT

The Board has held that, in order to establish that an injury was sustained in the performance of duty in an occupational disease claim, an employee must submit the following: (1) medical evidence establishing the presence or existence of a disease or condition for which compensation is claimed; (2) a factual statement identifying employment factors alleged to have caused or contributed to the presence or occurrence of the disease or condition; and (3) medical evidence establishing that the employment factors identified by the employee were the proximate cause of the condition for which compensation is claimed, or, stated differently, medical evidence establishing that the diagnosed condition is causally related to the employment factors identified by the employee.³

Rationalized medical opinion evidence is medical evidence that 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. Such an 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

¹ The actual dates are illegible.

² On May 12, 2004 appellant submitted clinical notes from a physician and a physical therapist, as well as other reports. As these were not before the Office and not considered in the May 5, 2004 decision, they are not before the Board on this appeal. 20 C.F.R. § 501.2(c).

³ See *Arturo A. Adame*, 49 ECAB 421 (1998); *Dennis M. Mascarenas*, 49 ECAB 215 (1997).

the relationship between the diagnosed condition and the specific employment factors identified by appellant.⁴ The weight of medical opinion evidence is further determined by 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 analysis manifested, and the medical rationale expressed in support of the opinion.⁵ The opinion of a physician supporting causal relation must be one of reasonable medical certainty, supported with affirmative evidence, explained by medical rationale and based on a complete and accurate factual and medical background.⁶

ANALYSIS

There is no dispute that appellant's job required heavy lifting. However, the Board finds that there is insufficient rationalized medical opinion evidence to support that appellant sustained a right knee injury or condition causally related to factors of his federal employment. The only medical evidence appellant provided in support of his claim was from an osteopathic radiologist, Dr. Kleinman, reading a previously obtained magnetic resonance imaging scan of the right knee. Dr. Kleinman diagnosed a partial thickness tear of the posterior cruciate ligament with a small amount of fluid in the joint space and a degenerative signal within the posterior horn of the medial meniscus but no tear of the meniscus. He did not address causation, only noting that appellant had an injury on November 26, 2003, which is not consistent with appellant's occupational claim of injury. He did not implicate any particular factor, duty or requirement of appellant's employment as the cause, and did not provide any discussion as to how a November 26, 2003 injury caused the diagnosed conditions. As the report does not address the relevant issue of causal relationship and reports a history of traumatic injury which was not claimed by appellant, it is of diminished probative value.

After being advised of the deficiencies regarding his claim, appellant did not submit any further medical evidence within the time period provided to establish his claim. As appellant has failed to submit rationalized medical evidence establishing that he sustained a right knee injury in the performance of duty causally related to factors of his federal employment, he has failed to meet his burden of proof.

⁴ See *Donna Faye Cardwell*, 41 ECAB 730 (1990); *Lillian Cutler*, 28 ECAB 125 (1976).

⁵ *Anna C. Leanza*, 48 ECAB 115 (1996).

⁶ *Connie Johns*, 44 ECAB 560 (1993).

CONCLUSION

The Board finds that appellant has failed to establish that he sustained an occupational illness or condition, causally related to specific factors of his employment

ORDER

IT IS HEREBY ORDERED THAT the decision of the Office of Workers' Compensation Programs dated May 5, 2004 is affirmed.

Issued: May 18, 2005
Washington, DC

Colleen Duffy Kiko
Member

Michael E. Groom
Alternate Member

A. Peter Kanjorski
Alternate Member