

derangement of the lateral and medial menisci. Appellant received compensation for temporary total disability on the periodic rolls.

On July 2, 2002 appellant underwent arthroscopic surgery on her right knee, including a partial medial meniscectomy, a partial lateral meniscectomy, repair of the anterior cruciate ligament using a low-temperature shrinkage probe, synovectomy, and excision of the plica and chondroplasty of the osteochondritis dessicans.

On January 7, 2003 Dr. Harshad C. Bhatt, a consulting orthopedic surgeon, related appellant's history of injury:

“This is history of a 54-year-old, female patient, who was involved in a work-related accident on March 21, 2001. At her federal employment with post office, a cabinet fell on her right knee. She kept on working that day but was followed by severe pain and swelling in the right knee.”

Dr. Bhatt diagnosed internal derangement of the right knee, post-traumatic inflammation, traumatic arthritis of the knee, torn right medial meniscus, Grade 3 chondromalacia patella and effusion of the right knee. He reported that the trauma to appellant's knee was severe enough to cause inflammation in the right knee joint, which caused traumatic degeneration. Dr. Bhatt stated that the meniscal and degenerative changes were causally related to the March 21, 2001 accident. He added: “The patient also has consequential injuries to the other knee and an MRI [magnetic resonance imaging] [scan] of the other knee is also requested.”

On September 10, 2004 Dr. Bhatt again related appellant's history of injury:

“The patient is a 57-year-old right-handed female patient who was involved in a work-related accident on March 21, 2001. She sustained injuries when a metal gate fell over her. [Appellant] has been seen in my Richmond Hill office from September 26, 2001 to present at monthly interval.

“She sustained injuries to both knees, and low back.

“[Appellant] developed pain in the lumbosacral spine, neck radiating to the shoulders, the low back radiating to the buttocks.”

Dr. Bhatt diagnosed lumbar disc disease, lumbar radiculopathy, lumbar muscle spasms, sciatica, cervical disc diseases, cervical radiculopathy, cervical muscle spasms, knee joint effusion and internal derangement of both knees. He stated: “All the above injuries are causally related to the accident of March 21, 2001.”

Appellant's attorney requested that the Office accept the conditions diagnosed in Dr. Bhatt's January 7, 2003 and September 10, 2004 reports.

In a decision dated January 17, 2006, the Office denied appellant's claim for compensation for her left knee or cervical and lumbar spine conditions. The Office found that the medical evidence did not establish that these conditions were causally related to her March 21, 2001 employment injury.

LEGAL PRECEDENT

A claimant seeking benefits under the Federal Employees' Compensation Act¹ has the burden of proof to establish the essential elements of her claim by the weight of the evidence,² including that she sustained an injury in the performance of duty and that any specific condition or disability for work for which she claims compensation is causally related to that employment injury.³

The evidence generally required to establish causal relationship is rationalized medical opinion evidence. The claimant must submit a rationalized medical opinion that supports a causal connection between the claimed condition and the employment injury. The medical opinion must be based on a complete factual and medical background with an accurate history of the claimant's employment injury, and must explain from a medical perspective how the claimed condition is related to the injury.⁴

ANALYSIS

The Office accepted that appellant sustained a right knee injury in the performance of duty on March 21, 2001. Appellant has the burden of proof to establish that the left knee or cervical and lumbar spine conditions for which she claims compensation are causally related to that employment injury.

Appellant has not met her burden of proof. Dr. Bhatt, a consulting orthopedic surgeon, reported on January 7, 2003 that she "also has consequential injuries to the other knee." He did not explain the basis for his stated conclusion. On September 10, 2004 Dr. Bhatt stated that appellant was involved in a work-related accident on March 21, 2001 and "sustained injuries to both knees, and low back." Diagnosing lumbar disc disease, lumbar radiculopathy, lumbar muscle spasms, sciatica, cervical disc diseases, cervical radiculopathy and cervical muscle spasms, he asserted: "All the above injuries are causally related to the accident of March 21, 2001."

It is not enough for appellant's physician to declare that certain medical conditions are causally related to the accepted employment injury. He must support his opinion with sound medical reasoning. Appellant injured her right knee when she attempted to open the bottom of a postal container and the metal door or gate fell, striking her right knee. How this caused or contributed to the condition of her left knee, or caused or contributed to cervical and lumbar disc diseases, radiculopathy and muscle spasm is unknown. Dr. Bhatt offered no medical rationale to

¹ 5 U.S.C. §§ 8101-8193.

² *Nathaniel Milton*, 37 ECAB 712 (1986); *Joseph M. Whelan*, 20 ECAB 55 (1968) and cases cited therein.

³ *Elaine Pendleton*, 40 ECAB 1143, 1145 (1989).

⁴ *John A. Ceresoli, Sr.*, 40 ECAB 305 (1988).

support a causal connection. The Board has held that medical conclusions unsupported by rationale are of little probative or evidentiary value.⁵

A physician's opinion on causal relationship must be one of reasonable medical certainty, supported with affirmative evidence, explained by medical rationale and based on a complete and accurate medical and factual background.⁶ Appellant has submitted no such opinion to support that her left knee or cervical and lumbar spine conditions are causally related to the March 21, 2001 employment injury. The Board will therefore affirm the Office's decision to deny compensation for these claimed conditions.

CONCLUSION

The Board finds that appellant has not met her burden of proof to establish that her left knee or cervical and lumbar spine conditions are causally related to her March 21, 2001 employment injury. Her physician has provided no medical reasoning to support the critical element of causal relationship.

ORDER

IT IS HEREBY ORDERED THAT the January 17, 2006 decision of the Office of Workers' Compensation Programs is affirmed.

Issued: August 28, 2006
Washington, DC

Alec J. Koromilas, Chief Judge
Employees' Compensation Appeals Board

David S. Gerson, Judge
Employees' Compensation Appeals Board

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

⁵ *Ceferino L. Gonzales*, 32 ECAB 1591 (1981); *George Randolph Taylor*, 6 ECAB 968 (1954).

⁶ *Connie Johns*, 44 ECAB 560 (1993). See generally *Melvina Jackson*, 38 ECAB 443, 450 (1987) (discussing the factors that bear on the probative value of medical opinions). The Board notes that Dr. Bhatt has variously reported that a cabinet fell on appellant's right knee and that a metal gate fell over her. Medical conclusions based on inaccurate or incomplete histories are also of little probative value. *James A. Wyrick*, 31 ECAB 1805 (1980) (physician's report was entitled to little probative value because the history was both inaccurate and incomplete).