

pounds. Appellant also claimed that he had been standing at least four hours each day. He alleged that the long hours and heavy lifting stressed his knees and caused his current condition.

The employing establishment reported that appellant had not performed his regular mail handler duties since March 1, 2001,¹ and for the past 2-year period appellant performed limited duty, which included a lifting restriction and a maximum workweek of 40 hours. His current limited-duty assignment, which began December 20, 2003, involved checking identification badges while seated in a chair at the employee entrance. Appellant was also responsible for securing the front and rear lot gates, securing the dock and garage doors, and answering the dock door and escorting visitors to the front office. The employing establishment indicated that the majority of appellant's time was spent sitting in a chair watching people come and go, and once every hour he was required to take a 15- to 20-minute tour of the facility on foot.

Dr. John H. Kavanaugh, a Board-certified orthopedic surgeon, saw appellant on April 5, 2004 for complaints of bilateral knee pain, which had been ongoing for a month. He reported that appellant was "on his legs for long periods of time." Dr. Kavanaugh also noted that appellant performs "a lot of overtime." He stated that appellant believed the "up and down activities at work" caused the pain in his knees. Dr. Kavanaugh also reported that appellant was currently on limited duty because of a bilateral thumb condition. He conducted a physical examination and reviewed x-rays that showed some mild degenerative changes in the medial and patellofemoral compartments. Dr. Kavanaugh diagnosed mild osteoarthritis of the knees, which was not disabling.

In a decision dated July 9, 2004, the Office denied appellant's claim because he failed to establish that he sustained an injury as alleged. The Office found the medical evidence insufficient to establish a causal relationship between the diagnosed bilateral knee osteoarthritis and appellant's employment exposure.

Appellant requested an oral hearing, which was held on August 19, 2005. He submitted a June 7, 2004 follow-up report from Dr. Kavanaugh, who noted that on clinical examination appellant's condition was basically unchanged. He also reiterated that appellant was not disabled. With respect to causal relationship, Dr. Kavanaugh stated that appellant's bilateral knee condition was related to "the repetitive squatting, lifting and prolonged standing that he does in his job as a mail handler."

The Office also received August 4, 2004 left and right knee magnetic resonance imaging (MRI) scan that revealed bilateral tears of the posterior horn of the medial meniscus. Additionally, appellant claimed to have undergone arthroscopic surgery on both knees on October 18, 2004. However, he did not submit a copy of the operative report.

By decision dated October 25, 2005, the Office hearing representative affirmed the July 9, 2004 denial of the claim.

¹ Appellant was assigned limited duty due to a bilateral thumb condition.

LEGAL PRECEDENT

A claimant seeking benefits under the Federal Employees' Compensation Act² has the burden of establishing the essential elements of his claim by the weight of the reliable, probative and substantial evidence, including that an injury was sustained in the performance of duty as alleged and that any specific condition or disability claimed is causally related to the employment injury.³

To establish that an injury was sustained in the performance of duty, a claimant must submit: (1) medical evidence establishing the presence or existence of the 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 diagnosed condition is causally related to the employment factors identified by the claimant.⁴

ANALYSIS

Dr. Kavanaugh's June 7, 2004 follow-up report is the only medical evidence of record to address causal relation and attribute appellant's condition to his employment as a mail handler. He stated that appellant's bilateral knee condition, which he had previously diagnosed as mild osteoarthritis, was related to "the repetitive squatting, lifting and prolonged standing that he does in his job as a mail handler." Appellant, however, was not performing his regular duties as a mail handler when he first reported experiencing bilateral knee pain on March 1, 2004. The Board notes that neither of Dr. Kavanaugh's reports described appellant's current limited-duty assignment, which he began on December 20, 2003. Appellant's current duties do not involve "repetitive squatting" and "lifting." While appellant's limited-duty assignment included standing and walking, it is not apparent from Dr. Kavanaugh's report what he considered to be "prolonged standing." Appellant testified at the hearing that he would sit at his guard post for approximately 45 minutes and then walk the facility for 30 minutes before returning to his post to sit for another 45 minutes. The employing establishment noted that the total time to walk around the facility was approximately 15 to 20 minutes, which appellant did once every hour. Although he attributed appellant's current condition in part to "prolonged standing," Dr. Kavanaugh did not specifically comment on the amount of walking or standing appellant was required to do in his current limited-duty assignment.

² 5 U.S.C. § 8101 *et seq.*

³ 20 C.F.R. § 10.115(e), (f) (1999); *see Jacquelyn L. Oliver*, 48 ECAB 232, 235-36 (1996). Causal relationship is a medical question that can generally be resolved only by rationalized medical opinion evidence. *See Robert G. Morris*, 48 ECAB 238 (1996). A physician's opinion on the issue of whether there is a causal relationship between the claimant's diagnosed condition and the implicated employment factors must be based on a complete factual and medical background of the claimant. *Victor J. Woodhams*, 41 ECAB 345, 352 (1989). Additionally, in order to be considered rationalized, the opinion must be expressed in terms of a reasonable degree of medical certainty, and must be supported by medical rationale, explaining the nature of the relationship between the diagnosed condition and appellant's specific employment factors. *Id.*

⁴ *Victor J. Woodhams*, *supra* note 3.

Dr. Kavanaugh did not fully address how the requirements of appellant's employment caused or aggravated his bilateral knee condition. His June 7, 2004 opinion is based on an incomplete factual background, and therefore, is of diminished probative value.⁵ Accordingly, the Office properly denied appellant's occupational disease claim.

CONCLUSION

The Board finds that appellant failed to establish that he sustained an injury in the performance of duty.

ORDER

IT IS HEREBY ORDERED THAT the October 20, 2005 decision of the Office of Workers' Compensation Programs is affirmed.

Issued: March 9, 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 *Victor J. Woodhams, supra* note 3.