

indicated that he had referred appellant to an orthopedic specialist due to her left knee pain. He advised that she was unable to squat, climb stairs, walk her mail route, sit up and down in her chair or stand for prolonged periods.

In a report dated September 22, 2004, Dr. Mark Maguire, Board-certified in orthopedic surgery, stated that appellant had been experiencing left knee pain for approximately five months. Appellant related that she had sustained no particular injury of which she was aware; most of her pain was in the anterior area of the knee. Dr. Maguire diagnosed patellofemoral anterior knee pain.

By letter dated November 19, 2004, the Office advised appellant that additional factual and medical evidence was required to determine whether she was eligible for compensation benefits. The Office asked appellant to submit a comprehensive medical report from her treating physician describing her symptoms and the medical reasons for her condition and an opinion as to whether her claimed condition was causally related to her federal employment.

In a Form CA-17 report dated November 29, 2004, Dr. King stated that appellant was capable of resuming work with restrictions on standing continuously for 2 hours and intermittently for 4 hours; walking continuously for 20 minutes and intermittently for 2 hours; twisting continuously for 30 minutes; and lifting 10 pounds continuously and intermittently for 20 pounds. In a report dated December 14, 2004, Dr. King stated that appellant injured her left knee at the end of March 2004 when she fell getting out of the car, in addition to back pain in part aggravated by her knee injury. Appellant underwent a magnetic resonance imaging (MRI) scan on August 19, 2004 which showed fluid in the knee and an abnormal patella. She was released to return to work on September 14, 2004 but reinjured her knee on her first day back when she stepped out of the truck. He indicated that appellant had been off work since November 16, 2004.

By decision dated January 11, 2005, the Office denied appellant's claim that she sustained an employment-related left knee condition.

By letter dated January 6, 2006, appellant requested reconsideration. In a June 21, 2005 disability slip, Dr. King indicated that appellant's knee injury had not improved and recommended that her physical restrictions be made permanent. On October 31, 2005 he reiterated his findings and conclusions. Dr. King stated:

“[Appellant] has continued to have left knee pain and swelling on several subsequent exam[ination]s. A follow-up MRI of the left knee on September 7, 2005 -- 18 months after her initial injury -- confirmed fluid [was] still in the left knee.

“[Appellant] is still totally disabled from her job as a letter carrier. This is based on the facts of over 18 months of persistent left knee pain and swelling despite multiple medical visits with me, with orthopedists and with various physical therapy modalities. In summary [appellant's] employment duties caused her initial knee injury and have caused permanent disability as a letter carrier. An attempt to return to work was unsuccessful. I see no future improvement in her

knee pain and swelling and no future change in permanent disability as a letter carrier.”

By decision dated April 7, 2006, the Office denied modification of the January 11, 2006 decision.

LEGAL PRECEDENT

An employee seeking benefits under the Federal Employees’ Compensation Act¹ has the burden of establishing that 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 timely filed within the applicable time limitation period 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.² 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.³

To establish that an injury was sustained in the performance of duty in an occupational disease claim, a claimant must submit the following: (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 employment factors identified by the claimant 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 claimant. The medical evidence required to establish causal relationship is usually rationalized medical evidence. 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.⁴

ANALYSIS

Appellant has failed to submit sufficient medical evidence which relates her claimed left knee condition to factors of her employment. For this reason, she has not discharged her burden of proof to establish her claim that this condition was sustained in the performance of duty.

¹ 5 U.S.C. §§ 8101-8193.

² *Joe D. Cameron*, 41 ECAB 153 (1989); *Elaine Pendleton*, 40 ECAB 1143 (1989).

³ *Victor J. Woodhams*, 41 ECAB 345 (1989).

⁴ *Id.*

Appellant submitted reports from Drs. King and Maguire, who addressed her complaints of left knee pain. Dr. King stated that, due to her knee pain, appellant was unable to squat, climb stairs, walk her mail route, sit up and down in her chair or stand for prolonged periods. Dr. Maguire diagnosed patellofemoral anterior knee pain which she had experienced for approximately five months. However, he stated that appellant was unable to ascribe the onset of this pain to any particular incident.

The reports of Drs. King and Maguire are of limited probative value as they do not provide adequate medical rationale explaining how appellant's claimed left knee condition was caused or aggravated by her employment as a letter carrier.⁵ The weight of the medical opinion is determined by the opportunity for and thoroughness of examination, the accuracy and completeness of physician's knowledge of the facts of the case, the medical history provided, the care of analysis manifested and the medical rationale expressed in support of stated conclusions.⁶ Although Dr. King prescribed limitations on appellant's work activities he did not provide a full description of her job duties. The Board has held that a report which is not based on a complete and accurate factual and medical history is of limited probative value.⁷ Dr. King did not explain the medical process through which such duties would have been competent to cause the claimed condition. Moreover, on December 14, 2004 he obtained a history of a traumatic injury in March 2004 when she fell while getting out of a car. This is a contrast to appellant's earlier statement in which she recalled no prior particular injury. Accordingly, appellant failed to submit probative, rationalized medical evidence establishing that her claimed left knee condition was causally related to factors of her employment. The Office properly denied compensation in its January 11, 2006 decision.

Following the January 11, 2006 Office decision, appellant submitted a June 21, 2005 disability slip from Dr. King who indicated that her knee injury had not improved and recommended that her work restrictions be made permanent. Dr. King submitted an October 31, 2005 report which noted continued, persistent left knee pain and swelling. He also noted September 7, 2005 MRI scan results which confirmed the existence of fluid in her left knee. Dr. King concluded that appellant's employment duties caused her knee injury and caused permanent, total disability as a letter carrier. Dr. King's October 31, 2005 report, however, is similarly deficient in that he did not explain in detail how appellant's work duties would have caused or contributed to the findings. Dr. King again failed to explain the medical process through which employment factors could have contributed to appellant's claimed left knee condition. The Board will affirm the Office's April 7, 2006 decision.

CONCLUSION

The Board finds that appellant has not met her burden of proof in establishing that her claimed left knee condition was causally related to her employment.

⁵ *William C. Thomas*, 45 ECAB 591 (1994).

⁶ *See Ann C. Leanza*, 48 ECAB 115 (1996).

⁷ *See William Nimitz, Jr.*, 30 ECAB 567, 570 (1979) (finding that a medical opinion on causal relationship must be based on a complete and accurate factual and medical history).

ORDER

IT IS HEREBY ORDERED THAT the April 7 and January 11, 2006 decisions of the Office of Workers' Compensation Programs are affirmed.

Issued: September 7, 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