

orthopedic surgeon, Dr. Michael Jonathan York, confirmed that her conditioning was worsening “do to weight bearing.”

Appellant submitted several documents with her claim demonstrating treatment for pain in both knees. The earliest medical documentation was prepared by Dr. Chukwudi Bato Amu, a Board-certified internist and her physician at Atlantic Medical Care, at the request of the employing establishment prior to appellant’s employment, dated December 29, 2004.¹ The signature on the document was dated December 29, 2004. Dr. Amu diagnosed degenerative arthritis, a possible anterior cruciate ligament injury and obesity. In a separate report dated December 30, 2004, he stated that appellant should minimize walking and running and she should avoid jumping, crawling and kneeling. On August 2, 2005 Dr. Amu provided appellant with a “certificate to return to work” and commented that appellant was restricted to “light duty only, no strenuous work, take a break within two hours, light walking and standing.”

On June 13, 2005 appellant was treated at Kaiser Permanente for bilateral knee pain. Subsequently, she began seeing Dr. York and provided his progress notes summarizing her visits with him. He indicated that he performed an initial evaluation on June 22, 2005 that included a physical examination, x-rays and appellant’s past medical history. Dr. York concluded that she had moderate medial compartment arthrosis in her left knee and probable arthrosis in her right knee. He provided drug treatment and suggested that appellant lose weight.

On August 3, 2005 Dr. York again examined appellant. He changed her medication and ordered that she be allowed 10 minute breaks every 2 hours while at work. On August 31, 2005 Dr. York changed his diagnosis from moderate to advanced arthrosis in appellant’s left knee. He also suggested that surgery would be needed and ordered a magnetic resonance imaging (MRI) scan. Appellant, returned for a follow-up appointment on October 12, 2005. On November 9, 2005 Dr. York again saw her and reported that the MRI scan revealed a “medial meniscal tear with a fairly large anteriorly displaced fragment” in addition to the arthrosis. He recommended surgery.

Appellant underwent a left knee arthroscopy, partial medial meniscectomy, arthrosis medial and patellofemoral joints on November 15, 2005. On November 21, 2005 six days after the operation, Dr. York noted that she stated that her knee felt better and that appellant was able to walk without a limp.

By letter dated March 7, 2006, the Office advised appellant that she needed to submit, within 30 days from the date of the letter, additional evidence with respect to her claim, including a medical report from her treating physician providing an explanation of how exposure or incidents in her federal employment contributed to her condition. On April 12 and 24, 2006 she submitted numerous reports relating to her treatment and condition. The submitted reports included reports duplicative of earlier submissions, general information about arthritis and medication, postoperative information and a grievance decision. Also included were notes to the employing establishment from Dr. York and Dr. Amu ordering work limitations and Kaiser Permanente stating that appellant was temporarily unable to work due to knee pain.

¹ Appellant began work with the Postal Service on January 22, 2005.

By decision dated May 4, 2006, the Office denied appellant's claim for compensation. The Office found that she failed to demonstrate a relationship between her claimed medical condition and her federal employment.²

LEGAL PRECEDENT

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 condition for which compensation is claimed; (2) a factual statement identifying employment factors alleged to have caused or contributed to the condition; and (3) medical evidence establishing that the employment factors identified by the employee were the proximate cause of the condition or illness, 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

Causal relationship is a medical issue and the medical evidence required to establish causal relationship is rationalized medical evidence. Rationalized medical evidence is medical evidence which includes a physician's rationalized medical opinion on the issue of whether there is a causal relationship between an employee's diagnosed conditions and the implicated employment factors. The opinion of the physician must be based on a complete factual and medical background of the employee, must be one of reasonable medical certainty and must be supported by medical rationale explaining the nature of the relationship between the diagnosed conditions and the specific employment factors identified by the employee.⁴

The mere fact that a disease manifests itself during a period of employment does not raise an inference that there is a causal relationship between the two. Neither the fact that the disease became apparent during a period of employment, nor the belief of appellant that the disease was caused or aggravated by employment conditions, is sufficient to establish causal relation.⁵

ANALYSIS

There is no dispute that appellant has knee problems and that she had knee problems before working at the employing establishment. She alleges that her employment aggravated

² Appellant submitted evidence to the Office on May 5, 2006, one day after the decision and she submitted additional evidence with her appeal. However, the Board cannot consider evidence that was not before the Office at the time of the final decision. See *Dennis E. Maddy*, 47 ECAB 259 (1995); *James C. Campbell*, 5 ECAB 35, n.5 (1952); 20 C.F.R. § 501.2(c)(1). Appellant may resubmit this evidence and legal contentions to the Office accompanied by a request for reconsideration pursuant to 5 U.S.C. § 8128(a). 20 C.F.R. § 10.606.

³ *Donna L. Mims*, 53 ECAB 730 (2002).

⁴ *Id.*

⁵ *Id.*

these problems. The Office accepted that appellant had sufficient medical evidence to establish a condition for which she claimed compensation and that she identified employment factors alleged to have caused or contributed to the condition. However, the Office rejected her claim because she did not provide evidence that her condition resulted from her federal employment.

An examination of the record supports the Office's conclusion. None of appellant's physicians relate her condition to her employment. In this regard, Dr. York's progress notes reveal that she experienced bilateral knee pain, left knee chronic arthritis, arthrosis and underwent surgery to the left knee. Although he discussed physical restrictions and noted periods of disability, Dr. York did not relate any of the foregoing diagnoses to appellant's federal employment factors in her capacity as a mail processing clerk. Similarly, Dr. Amu did not relate her arthritis or restrictions against walking, running, jumping, crawling and kneeling to factors of her federal employment. Neither the opinions of Dr. York, nor Dr. Amu are sufficient to establish appellant's claim as the foregoing deficiencies in the reports diminish the probative value.

It is not sufficient that the condition manifests itself during a period of employment, nor, is it sufficient that appellant believes that the disease was aggravated by her employment.⁶ Since there is no medical evidence linking her condition to her employment, appellant has not established that she sustained her knee injuries in the performance of her duty.

CONCLUSION

The Board finds that appellant has not met her burden of proof in establishing that she sustained knee injuries or conditions in the performance of duty, causally related to factors of her federal employment.

⁶ See *James A. Long*, 40 ECAB 538 (1989).

ORDER

IT IS HEREBY ORDERED THAT the May 4, 2006 decision of the Office of Workers' Compensation Programs be affirmed.

Issued: September 26, 2006
Washington, DC

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

David S. Gerson, Judge
Employees' Compensation Appeals Board

James A. Haynes, Alternate Judge
Employees' Compensation Appeals Board