



caused grinding of his right knee and traumatic chondromalacia patella.<sup>1</sup> In a March 22, 2007 report, Dr. John H. Wilber, a Board-certified orthopedic surgeon, noted that appellant was first seen on July 10, 2006 for a December 7, 2005 employment injury to his right knee. He performed arthroscopic partial meniscectomy surgery on appellant's right knee on August 7, 2006 and he had returned to light duty. Dr. Wilber diagnosed employment-related medial meniscal tear and traumatic chondromalacia patella, secondary to repetitive use. In a September 27, 2007 report, he opined that appellant's chondromalacia was secondary to repetitive use consistent with his mail carrier duties and his claim should be accepted for traumatic chondromalacia patella. Dr. Wilber attached a duty status report providing restrictions to appellant's physical activity.

By letter dated October 12, 2007, the Office noted that appellant's surgery was accepted under file number xxxxxx627. Based on a referee opinion under that claim, he had returned to limited duty.<sup>2</sup> The Office informed appellant of the evidence needed to support his occupational disease claim and requested a factual statement describing his limited-duty work and a comprehensive medical report.

By decision dated December 3, 2007, the Office denied the claim noting that appellant had not submitted a factual statement.

On December 6, 2007 appellant, through his attorney, requested a hearing that was held on March 11, 2008. The hearing representative noted that evidence was needed regarding the August 2006 surgery and that appellant should submit a right knee magnetic resonance imaging (MRI) scan. Appellant testified regarding his recovery from the surgery and described his duties, which included office work and an hour of carrying mail. He described the grinding in his kneecap and attributed his chondromalacia condition to his letter carrier duties over 28 years and not the light duties he performed following the August 2006 surgery. Appellant acknowledged that the condition worsened after his return to work and he submitted undated images of a right knee MRI scan.

By decision dated April 18, 2008, an Office hearing representative affirmed the denial of the claim based on the lack of medical evidence supporting causal relationship.

On May 30, 2008 appellant's attorney requested reconsideration and submitted an April 7, 2008 report from Dr. Wilber, who advised that appellant's chondromalacia patella predated the surgery and was caused by the many years he worked as a letter carrier, but was aggravated by the December 7, 2005 injury and that his current symptoms and problems of chondromalacia were related to the December 2005 employment injury. In a December 4, 2008 report, Dr. Wilber advised that appellant continued to work limited duty and that his major problem was chondromalacia of the patellofemoral joint. He stated that he had reviewed his

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<sup>1</sup> Appellant specifically stated that the duties of going up and down steps, carrying weight, bending, stooping and lifting weight, pushing and pulling caused the claimed condition.

<sup>2</sup> Appellant has a second appeal before the Board on file number xxxxxx627, the December 7, 2005 injury, Docket No. 09-2071, that will be adjudicated separately.

operative note, where he mentioned a lesion involving the trochlear groove of the patellofemoral joint.

In a January 20, 2009 decision, the Office denied modification, finding that Dr. Wilber clearly related appellant's chondromalacia condition to the injury of December 7, 2005, adjudicated under file number xxxxxx627.

### **LEGAL PRECEDENT**

An employee seeking benefits under the Federal Employees' Compensation Act<sup>3</sup> has the burden of establishing 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. These are the essential elements of each and every compensation claim, regardless of whether the asserted claim involves traumatic injury or occupational disease, an employee must satisfy this burden of proof.<sup>4</sup>

Office regulations define the term "occupational disease or illness" as a condition produced by the work environment over a period longer than a single workday or shift."<sup>5</sup> 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 diagnosed condition is causally related to the employment factors identified by the claimant. The medical opinion 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.<sup>6</sup>

Causal relationship is a medical issue and the medical evidence required to establish a causal relationship is rationalized medical evidence.<sup>7</sup> 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 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

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<sup>3</sup> 5 U.S.C. §§ 8101-8193.

<sup>4</sup> *Roy L. Humphrey*, 57 ECAB 238 (2005).

<sup>5</sup> 20 C.F.R. § 10.5(ee).

<sup>6</sup> *Roy L. Humphrey*, *supra* note 4.

<sup>7</sup> *D.G.*, 59 ECAB \_\_\_\_ (Docket No. 08-1139, issued September 24, 2008).

condition and the specific employment factors identified by the claimant.<sup>8</sup> Neither the mere fact that a disease or condition manifests itself during a period of employment nor the belief that the disease or condition was caused or aggravated by employment factors or incidents is sufficient to establish causal relationship.<sup>9</sup>

### ANALYSIS

The Board finds that appellant did not meet his burden of proof to establish that his diagnosed chondromalacia patella was caused by factors of his federal employment. Appellant has an accepted claim for a traumatic injury to his right knee that occurred on December 17, 2005, adjudicated separately by the Office. The relevant medical evidence in the instant case consists of reports from Dr. Wilber, an attending Board-certified orthopedic surgeon.<sup>10</sup> In reports dated March 22 and September 27, 2007, Dr. Wilber diagnosed chondromalacia patella of the right knee and advised that it was secondary to repetitive use consistent with appellant's duties as a mail carrier. On April 7, 2008 he advised that, while the condition preexisted the December 7, 2005 employment injury, that injury aggravated the condition and appellant's current symptoms and complaints were related to the December 7, 2005 employment injury.

The Board finds Dr. Wilber's reports insufficient to establish appellant's occupational disease claim that the chondromalacia patella was caused by his job duties as a mail carrier. Although Dr. Wilber originally stated that the condition was caused by appellant's duties as a mail carrier, he did not list any specific duties or provide an explanation of a mechanism of injury.<sup>11</sup> Furthermore, in a later report, he advised that appellant's current condition was due to the December 7, 2005 employment injury. The opinion of a physician supporting causal relationship must be one of reasonable medical certainty that the condition for which compensation is claimed is causally related to federal employment and such relationship must be supported with affirmative evidence, explained by medical rationale and be based upon a complete and accurate medical and factual background of the claimant.<sup>12</sup> Furthermore, medical opinions that are speculative or equivocal in character are of diminished probative value.<sup>13</sup> The Board therefore concludes that appellant did not meet his burden in this case.

### CONCLUSION

The Board finds that appellant did not establish that he sustained right knee chondromalacia patella under the instant claim.

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<sup>8</sup> *Id.*

<sup>9</sup> *Roy L. Humphrey, supra* note 4.

<sup>10</sup> The undated MRI scan report consists solely of images and does not contain an interpretive report.

<sup>11</sup> *See T.H.*, 59 ECAB \_\_\_ (Docket No. 07-2300, issued March 7, 2008).

<sup>12</sup> *Patricia J. Glenn*, 53 ECAB 159 (2001).

<sup>13</sup> *D.D.*, 57 ECAB 734 (2006).

**ORDER**

**IT IS HEREBY ORDERED THAT** the decisions of the Office of Workers' Compensation Programs dated January 20, 2009 and April 18, 2008 are affirmed.

Issued: November 12, 2009  
Washington, DC

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

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

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