

FACTUAL HISTORY

On May 7, 2009 appellant, then a 38-year-old mail carrier, filed an occupational disease claim alleging that she developed right knee pain due to her employment duties of going up and down stairs. OWCP accepted her claim for sprain of the right knee and leg with right lower leg joint pain.

Appellant's attending physician, Dr. J. Martin Leland, III, a Board-certified orthopedic surgeon, completed a form report on July 9, 2009. He stated that appellant's magnetic resonance imaging (MRI) scan showed chondral damage. Dr. Martin provided work restrictions.

Appellant filed a recurrence of disability claim alleging that on August 11, 2009 she stopped light-duty work due to constant knee pain. She submitted an MRI scan report dated April 30, 2009 which demonstrated focal fissuring of articular cartilage overlying the lateral patellar facets with underlying subchondral cystic disease, intrameniscal degeneration without frank tear and low grade sprain of the anterior cruciate ligament with small joint effusion. OWCP accepted appellant's claim for recurrence on August 11, 2009 by decision dated September 9, 2009.

Dr. Reginald Alexander completed a note on August 18, 2009 and diagnosed patellofemoral disease and pain. On September 22, 2009 Dr. Kyle Hazelwood diagnosed bilateral patellofemoral arthritis. He stated that appellant had continued right knee pain and had developed left knee pain in the same location. Dr. Hazelwood stated that appellant could return to work in the middle of October.

OWCP referred appellant's claim to the medical adviser to determine whether the diagnosis of bilateral patellofemoral arthritis was the result of the work-related condition or whether it was a preexisting condition aggravated by the accepted work condition. In a report dated October 19, 2009, Dr. David H. Garelick, a Board-certified orthopedic surgeon and medical adviser, found that appellant's condition was symptomatic patellofemoral arthritis bilaterally. While this condition could occur following a direct fall on the knee caps, it was more often related to obesity and unknown factors. Dr. Garelick stated, "Walking long distances as one would do on a mail route does not cause this condition." He concluded that in the absence of evidence of a direct trauma to the knees, the condition was preexisting and not work related.

Dr. Leland examined appellant on November 3, 2009 and stated that appellant's left knee pain had increased. He diagnosed bilateral patellofemoral arthritis. Dr. Leland found that appellant was capable of a desk job. He listed appellant's restrictions as no bending, stooping, squatting, kneeling, climbing, extensive walking, stairs or standing. Appellant underwent an MRI scan of the left knee on November 12, 2009 which demonstrated intact menisci and cruciate ligaments, mild condromalacia patella and soft tissue swelling in the anterior medial aspect of the knee.

On January 28, 2010 OWCP referred appellant for a second opinion evaluation with Dr. David H. Trotter, a Board-certified orthopedic surgeon, who examined appellant on February 20, 2010 and noted her history of right knee pain while working as a mail carrier. Dr. Trotter found that appellant's accepted conditions of right knee sprain and right knee joint

pain due to the April 15, 2009 injury had resolved. He stated that appellant's subjective complaints of bilateral knee pain were markedly disproportionate to her physical findings which appeared exclusively degenerative. Dr. Trotter opined that the MRI scan findings were compatible with chondromalacia and did not have any credible causation or chronic aggravation relationship to appellant's employment. He stated that appellant exhibited symptom magnification and that she had no residuals related to her employment injury and no disability from her usual workplace activities. Dr. Trotter opined that appellant's diagnosed condition of patellofemoral arthritis was a preexisting condition with no permanent aggravation as a result of her accepted employment injury.

In a note dated March 22, 2010, Dr. Fon Yei Sun Wu, M.D., advised that appellant was unable to work until March 26, 2010 and could only perform limited duties with no standing or heavy lifting.

In a letter dated May 10, 2010, OWCP proposed to terminate appellant's medical and compensation benefits based on Dr. Trotter's report. It allowed her 30 days to respond. Appellant submitted a statement contending that she sustained a work-related back injury on February 8, 2010.

By decision dated September 22, 2010, OWCP terminated appellant's wage-loss and medical benefits effective that date finding that the weight of the medical evidence established that she had no continuing employment-related residuals or disability due to the accepted conditions.

Appellant requested reconsideration on October 13, 2010. She alleged that the employing establishment forced her to work beyond her restrictions. Appellant also alleged a left knee condition as a consequential injury that had not been accepted.

In a report dated March 2, 2010 Dr. Leland stated that he had discharged appellant multiple times. He found that she had a full range of motion of the knees bilaterally but significant positive patellar grind. Dr. Leland diagnosed bilateral patellofemoral pain that appellant stated was severe in nature, left hip pain and low back pain. He had tried everything he knew to help appellant but there was nothing further that he could offer her. Dr. Leland stated that he could not identify any organic source of appellant's pain. He concluded, "Unfortunately, I am unable to determine whether the pain is even real or if the patient has possible secondary gain."

By decision dated January 10, 2011, OWCP reviewed the merits of appellant's claim and denied modification of the September 22, 2010 decision.

LEGAL PRECEDENT -- ISSUE 1

Once OWCP accepts a claim, it has the burden of proving that the disability has ceased or lessened in order to justify termination or modification of compensation benefits.² After it has determined that an employee has disability causally related to his or her federal employment,

² *Mohamed Yunis*, 42 ECAB 325, 334 (1991).

OWCP may not terminate compensation without establishing that the disability has ceased or that it is no longer related to the employment.³ Furthermore, the right to medical benefits for an accepted condition is not limited to the period of entitlement for disability.⁴ To terminate authorization for medical treatment, OWCP must establish that appellant no longer has residuals of an employment-related condition which require further medical treatment.⁵

ANALYSIS -- ISSUE 1

OWCP accepted appellant's claim for sprain of the right knee and leg with right lower leg joint pain. Drs. Alexander and Hazelwood diagnosed bilateral patellofemoral arthritis. However neither physician provided an opinion on the causal relationship between this condition and appellant's employment injury. The medical adviser, Dr. Garelick, on the other hand agreed with this diagnosis and opined that the condition was likely preexisting and not work related. In support of appellant for disability Dr. Hazelwood and Dr. Wu opined that appellant had work restrictions. However, these physicians did not attribute appellant's disability for work to her accepted sprain.

Dr. Trotter examined appellant on February 20, 2010 and noted her history of injury. He opined that appellant's accepted right knee conditions had resolved. Dr. Trotter diagnosed chondromalacia based on MRI scan findings, but stated that this condition was neither caused nor aggravated by appellant's employment. He found that appellant's diagnosed condition of patellofemoral arthritis was a preexisting condition with no permanent aggravation as a result of her accepted employment injury.

The Board finds that OWCP met its burden of proof to terminate appellant's compensation and medical benefits. The medical evidence supporting continued disability and medical residuals did not contain a diagnosis of the accepted condition and did not provide the sufficient medical opinion evidence to establish a causal relationship between appellant's accepted employment injury and the diagnosed bilateral patellofemoral arthritis. The only medical report directly addressing appellant's accepted conditions was Dr. Trotter's February 20, 2010 report which negated a causal relationship between appellant's current condition and her employment and opined that appellant's accepted soft tissue injuries had resolved based on examination. As the relevant medical evidence negates an ongoing employment-related condition and disability, the Board finds that Dr. Trotter's report was sufficiently detailed and well reasoned to meet OWCP's burden of proof and terminate appellant's compensation benefits.

LEGAL PRECEDENT -- ISSUE 2

As OWCP met its burden of proof to terminate appellant's compensation benefits, the burden shifted to appellant to establish that she had disability causally related to her accepted

³ *Id.*

⁴ *Furman G. Peake*, 41 ECAB 361, 364 (1990).

⁵ *Id.*

employment injury.⁶ To establish a causal relationship between the condition, as well as any disability claimed, and the employment injury, the employee must submit rationalized medical opinion evidence, based on a complete factual background, supporting such a causal relationship. 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. The weight of medical evidence is determined by its reliability, its probative value, its convincing quality, the care of analysis manifested and the medical rationale expressed in support of the physician's opinion.⁷

ANALYSIS -- ISSUE 2

Following OWCP's September 22, 2010 decision terminating appellant's compensation and medical benefits, she requested reconsideration and alleged that her left knee condition was a consequential injury and had not been accepted. Appellant also submitted a report dated March 2, 2010 from Dr. Leland stating that he could not identify any organic source of appellant's pain. He stated, "Unfortunately, I am unable to determine whether the pain is even real or if the patient has possible secondary gain." The Board finds that appellant's unsupported statement and Dr. Leland's report negating an ongoing organic condition are not sufficient to support her claim for ongoing disability or medical residuals as a result of her 2009 employment injury. Appellant did not submit any medical opinion evidence supporting her claim. For this reason, the Board finds that she has failed to meet her burden of proof and OWCP's termination of benefits stands.

Appellant may submit new evidence or argument with a written request for reconsideration to the Office within one year of this merit decision, pursuant to 5 U.S.C. § 8128(a) and 20 C.F.R. §§ 10.605 through 10.607.

CONCLUSION

The Board finds that OWCP met its burden of proof to terminate appellant's compensation and medical benefits effective September 22, 2010 and that she failed to meet her burden of proof in establishing any continuing residuals or disability causally related to her 2009 employment injury on or after September 22, 2010.

⁶ *George Servetas*, 43 ECAB 424, 430 (1992).

⁷ *James Mack*, 43 ECAB 321 (1991).

ORDER

IT IS HEREBY ORDERED THAT the January 10, 2011 and September 22, 2010 decisions of Office of Workers' Compensation Programs are affirmed.

Issued: October 18, 2011
Washington, DC

Colleen Duffy Kiko, Judge
Employees' Compensation Appeals Board

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

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