

feel a snap in his left knee. He notified his supervisor on September 8, 2010. The employing establishment controverted the claim alleging that appellant was involved in a motor vehicle accident on August 24, 2010.

In a September 8, 2010 medical report, Dr. Marcus Hodges, Board-certified in family medicine, stated that appellant complained of left knee pain. Appellant reported that he was pushing a heavy piece of equipment when he twisted his left knee. Dr. Hodges noted that appellant's left knee x-ray was normal. He diagnosed questionable internal derangement and possible cartilage tear. In a September 8, 2010 duty status report (Form CA-17), Dr. Hodges diagnosed appellant with a left knee sprain and placed him on modified duty.

By letter dated September 22, 2010, OWCP requested additional factual and medical evidence from appellant and asked that he respond to the provided questions within 30 days. It also requested that appellant provide a statement describing any injury sustained, as well as a copy of the police report and medical documentation from his August 24, 2010 motor vehicle accident.

In a September 8, 2010 radiology report of the left knee, Dr. Hodges found that there were no significant abnormalities of the bone, joint or soft tissue. He also noted no evidence of fracture, destructive bony lesion or significant degenerative changes.

In a September 16, 2010 medical report, Dr. Philip Green, Board-certified in internal medicine, reported that appellant's twisted left knee injury had been resolved and that he could return to full active duty.

In an October 18, 2010 report, Richard Brown, a treating physician's assistant (PA-C), reported that appellant complained of recurrent left knee pain. Upon physical examination, he noted discomfort on extension and full flexion of the knee and placed appellant on light-duty work restrictions.

By decision dated November 3, 2010, OWCP denied appellant's claim finding that the medical evidence did not demonstrate that he sustained a left knee injury related to the August 23, 2010 employment incident.²

LEGAL PRECEDENT

An employee seeking benefits under FECA 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 FECA; that the claim was filed within the applicable time limitation; that an injury was sustained while in the performance of duty as alleged and that any disability or specific condition for which compensation is claimed are causally related to the

² The Board notes that appellant submitted additional evidence after OWCP rendered its November 3, 2010 decision. The Board's jurisdiction is limited to reviewing the evidence that was before OWCP at the time of its final decision. Therefore, this additional evidence cannot be considered by the Board. 20 C.F.R. §510.2(c)(1); *Dennis E. Maddy*, 47 ECAB 259 (1995); *James C. Campbell*, 5 ECAB 35, 36 n.2 (1952). Appellant may submit this evidence to OWCP, together with a formal request for reconsideration, pursuant to 5 U.S.C. § 8128(a) and 20 C.F.R. § 10.606(b)(2).

employment injury.³ These are the essential elements of each and every compensation claim regardless of whether the claim is predicated on a traumatic injury or occupational disease.⁴

In order to determine whether an employee actually sustained an injury in the performance of duty, OWCP begins with an analysis of whether fact of injury has been established. Generally, fact of injury consists of two components which must be considered in conjunction with one another. The first component to be established is that the employee actually experienced the employment incident which is alleged to have occurred.⁵ The second component is whether the employment incident caused a personal injury and generally can be established only by medical evidence.

To establish a causal relationship between the condition, as well as any attendant disability claimed and the employment event or incident, the employee must submit rationalized medical opinion evidence based on a complete factual and medical background, supporting such a causal relationship.⁶ 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. This medical opinion must include an accurate history of the employee's employment injury and must explain how the condition is related to the injury. 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

OWCP accepted that the August 23, 2010 incident occurred as alleged. The issue is whether appellant established that the incident caused a left knee injury. The Board finds that he did not submit sufficient medical evidence to support that his left knee injury is causally related to the August 23, 2010 employment incident.⁸

In a September 8, 2010 medical report, Dr. Hodges stated that appellant complained of left knee pain from pushing a piece of heavy equipment. He opined that appellant's condition could be a result of a possible internal derangement and cartilage tear. Dr. Hodges noted that appellant's x-ray and radiology report of the left knee was normal, diagnosed left knee sprain and placed appellant on modified duty.

³ *Gary J. Watling*, 52 ECAB 278 (2001); *Elaine Pendleton*, 40 ECAB 1143, 1154 (1989).

⁴ *Michael E. Smith*, 50 ECAB 313 (1999).

⁵ *Elaine Pendleton*, *supra* note 3.

⁶ *See* 20 C.F.R. § 10.110(a); *John M. Tornello*, 35 ECAB 234 (1983).

⁷ *James Mack*, 43 ECAB 321 (1991).

⁸ *See Robert Broome*, 55 ECAB 339 (2004).

The Board finds that the opinion of Dr. Hodges is not well rationalized. While Dr. Hodges diagnosed appellant's injury, he did not explain whether or how the accepted August 23, 2010 incident caused or contributed to any knee injury and failed to address appellant's prior medical history. The Board has held that medical evidence that does not offer any opinion regarding the cause of an employee's condition is of limited probative value on the issue of causal relationship.⁹ Thus, Dr. Hodges report is insufficient to meet appellant's burden of proof.

In a September 16, 2010 medical report, Dr. Green reported that appellant's twisted left knee injury had been resolved and that he could return to full active duty. He did not provide any other information regarding appellant's injury and failed to address his prior medical history, the cause of his injury or the August 23, 2010 employment incident. Dr. Green's report did not describe or explain appellant's medical condition other than noting that the condition was resolved. Without medical reasoning explaining how the August 23, 2010 incident caused his left knee injury, Dr. Green's report is insufficient to meet appellant's burden of proof.¹⁰

In an October 18, 2010 report, Richard Brown PA-C reported that appellant complained of recurrent left knee pain and noted discomfort on extension and full flexion of the left knee. This medical evidence is insufficient to establish a causal relationship between appellant's knee condition and the August 23, 2010 employment incident. Registered nurses, licensed practical nurses and physicians' assistants, they are not physicians as defined under FECA, their opinions are of no probative value.¹¹

While appellant contends that his knee condition is a result of the August 23, 2010 employment incident, the employing establishment controverted the claim alleging that appellant was involved in a motor vehicle accident on August 24, 2010, the day after the employment incident. On September 22, 2010 OWCP requested additional information from appellant regarding this motor vehicle accident. Appellant did not respond to the OWCP request. As the motor vehicle accident occurred between the August 23, 2010 employment incident and when appellant first sought treatment on September 8, 2010, the lack of evidence regarding the this accident significantly hampers the ability of OWCP to investigate the medical circumstances of his claim. It is more difficult to determine whether any physiological change might have resulted from appellant's August 23, 2010 employment episode or the August 24, 2010 motor vehicle accident.

Evidence submitted by appellant after the final decision cannot be considered by the Board. As previously noted, the Board's jurisdiction is limited to reviewing the evidence that was before OWCP at the time of its decision.¹² Appellant may submit additional evidence,

⁹ *S.E.*, Docket No. 08-2214 (issued May 6, 2009); *C.B.*, Docket No. 09-2027 (issued May 12, 2010).

¹⁰ *Id.*

¹¹ 5 U.S.C. § 8102(2) of FECA provides as follows: (2) 'physician' includes surgeons, podiatrists, dentists, clinical psychologists, optometrists, chiropractors, and osteopathic practitioners within the scope of their practice as defined by State law.

¹² 20 C.F.R. § 501.2(c)(1).

together with a written request for reconsideration, to OWCP within one year of the Board's merit decision, pursuant to 5 U.S.C. § 8128(a) and 20 C.F.R. §§ 10.606 and 10.607.

CONCLUSION

The Board finds that appellant did not meet his burden of proof to establish that his left knee injury is causally related to the August 23, 2010 employment incident, as alleged.

ORDER

IT IS HEREBY ORDERED THAT the November 3, 2010 decision of the Office of Workers' Compensation Programs is affirmed.

Issued: September 14, 2011
Washington, DC

Richard J. Daschbach, Chief Judge
Employees' Compensation Appeals Board

Alec J. Koromilas, Judge
Employees' Compensation Appeals Board

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