

FACTUAL HISTORY

OWCP accepted under OWCP File No. xxxxxx231 that on January 13, 1999 appellant, then a 28-year-old letter carrier, sustained a ruptured left patella tendon while in the performance of duty. It authorized left knee surgery.²

On March 30, 2011 appellant filed a claim alleging that he sustained a recurrence of disability on March 14, 2011 causally related to his accepted January 13, 1999 employment injury while performing limited-duty work. He reinjured his left knee as a result of standing for hours on a floor with no mats from March 12 through 26, 2011.

Medical evidence submitted included a January 19, 2011 disability certificate from Dr. Francesco W. Lima, a Board-certified family practitioner, authorized appellant to return to light-duty work on January 20, 2011. In a February 2, 2011 prescription, he listed appellant's restrictions, which included no walking or climbing stairs for four weeks.

Dr. Scott L. Coleman, a Board-certified internist, released appellant to return to work on February 24, 2011 with no walking or climbing stairs from March 3 to 31, 2011.

In a March 29, 2011 disability slip, a physician's assistant whose signature is illegible advised that appellant had a left leg injury and released him to return to work on March 30, 2011.

Dr. Schultz, in a duty status report and prescription note dated March 31, 2011, advised that appellant had internal derangement and strain of the left knee. Appellant could return to work on April 30, 2011.

By letter dated March 31, 2011, the employing establishment controverted the claim, contending that the absence of floor mats did not cause appellant's claimed injury. Appellant never complained about a lack of mats on the workroom floor or requested a mat. The employing establishment accommodated his previous physical restrictions with light-duty work.

On April 14, 2011 OWCP determined that appellant's recurrence claim should be treated as a new occupational disease claim as he alleged a new incident after he started work at the employing establishment. The claim was assigned File No. xxxxxx206. By letter dated April 20, 2011, OWCP advised appellant that the evidence submitted was insufficient to establish his claim. It requested that he submit factual and medical evidence, including a rationalized medical opinion from an attending physician describing his symptoms and employment duties and activities and providing dates of examination and treatment, examination and test results, a diagnosis together with an explanation as to how his work activities caused, contributed to or aggravated his medical condition.

Reviewed in the record was a March 31, 2011 treatment note, Dr. Schultz obtained a history that appellant believed that he may have aggravated his prior left knee injury. Appellant had symptoms related to the patellofemoral region of his previously surgically repaired left knee.

² In a January 31, 2003 decision, OWCP granted appellant a schedule award for 19 percent permanent impairment to the left lower extremity.

He related to Dr. Schultz that extended period on a cold, hard and damp floor may have triggered or exacerbated the old event. Dr. Schultz reported that an x-ray of the left knee revealed symmetrical joint space. There was no evidence of an acute injury. Dr. Schultz advised that appellant had internal derangement and an inflammatory joint. In an April 21, 2011 prescription note, he advised that appellant was unable to work through June 1, 2011. In a treatment note of that same date, Dr. Schultz stated that appellant required at least six weeks of physical therapy and could more than likely return to work in early July 2011. He followed up with a medical form and duty status report, in which he reiterated his prior diagnoses of internal derangement and strain of the left knee and advised that appellant was unable to work until at least July 30, 2011. On June 30, 2011 Dr. Schultz advised that appellant was unable to work through August 15, 2011.

Appellant, in a May 18 2011 statement, attributed his current left leg injury to his accepted January 19, 1999 employment-related left knee injury and standing three to four hours a day on a cement floor without any cushioned mats while working at the employing establishment. He stated that on March 12, 2011 his regular-duty station was evacuated due to flooding throughout Wayne, New Jersey. Carriers, including appellant, were relocated to a new facility of the employing establishment. He worked 8 to 10 hours a day, 5 days a week at this location. Appellant also worked part time as a cashier at Home Depot where he was given a cushioned floor mat. He only worked four hours a day on a couple of days from March 12 through 26, 2011. Appellant last worked at the store on March 24, 2011.

In a July 13, 2011 decision, OWCP denied appellant's claim, finding that the evidence was insufficient to establish that the described injury or event occurred as alleged. It also found that the medical evidence did not establish that he sustained a diagnosed condition caused by the work injury or event.

By letter dated August 5, 2011, appellant, through his attorney, requested a telephone hearing with an OWCP hearing representative. During the November 15, 2011 telephone hearing he testified that his new duties at the employing establishment included casing mail three to four hours a day. Appellant's regular letter carrier duties at the previous location only required him to case mail two to two and one-half hours a day. He stood on a mat at the previous location. Appellant reported his knee condition to his supervisor. He worked part time, less than 10 hours a week, at Home Depot for more than two years without any left knee problems. Appellant was able to move and rest his knee while at his part-time job and was able to continue his part-time job because there was less strain on his knee than working at the employing establishment. He had not worked since August 23, 2011 when the postmaster sent him home because he could not perform his required work duties.

In a February 1, 2012 decision, an OWCP hearing representative affirmed as modified the August 5, 2011 decision. The hearing representative found that the evidence was sufficient to establish that from March 12 to 26, 2011 appellant stood on a cement floor without a mat while casing mail three to four hours a day. She, however, found that the medical evidence in File Nos. xxxxxx206 and xxxxxx231 did not contain a rationalized medical opinion explaining how his left knee condition was caused or aggravated by the accepted employment factors.

By letter dated March 15, 2012, appellant's attorney requested reconsideration and submitted additional medical evidence. In a January 30, 2012 report, Dr. Schultz provided a history that during an examination on March 31, 2011 appellant stated that he had aggravated his previously surgically corrected left knee condition due to persistent standing on cold hard flooring. On or about March 12, 2011 he experienced a severe exacerbation of left knee pain that appeared to be triggered by standing on the floor. Dr. Schultz stated that x-rays performed at that time showed no evidence of an acute injury. His impression was an inflammatory joint. Dr. Schultz referred to a subsequent MRI scan which did not show a new physical tear, but rather progressive deterioration in the patellofemoral joint and a small knee effusion. The ligaments and tendons were intact. Patellar tendon showed thickening consistent with a prior injury. There was a decrease in the medial joint space and patellofemoral region. Dr. Schultz advised that recent MRI scan findings showed a progression and an exacerbation of appellant's 1999 knee injury. The findings were consistent with post-traumatic degenerative changes of the patellofemoral joint and medial compartment, which accelerated the normal wear and tear process initiated by the injury. Dr. Schultz stated that the recent flare-up of appellant's left knee symptoms was not related to his work at Home Depot, which he performed on a limited basis, provided him with the ability to frequently change his position and required minimal standing on a regular basis. He attributed the exacerbation to his work environment at the employing establishment as the primary modality.

In a June 12, 2012 decision, OWCP denied modification of the February 1, 2012 decision. It found that Dr. Schultz' January 30, 2012 report was not sufficiently rationalized to establish that appellant sustained a medical condition causally related to the established work duties.

LEGAL PRECEDENT

An employee seeking benefits under FECA³ 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 and/or specific condition for which compensation is claimed are causally related to the employment injury.⁴ These are the essential elements of each and every compensation claim regardless of whether the claim is predicated on a traumatic injury or an occupational disease.⁵

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

³ 5 U.S.C. §§ 8101-8193.

⁴ *C.S.*, Docket No. 08-1585 (issued March 3, 2009); *Elaine Pendleton*, 40 ECAB 1143 (1989).

⁵ *S.P.*, 59 ECAB 184 (2007); *Victor J. Woodhams*, 41 ECAB 345 (1989); *Joe D. Cameron*, 41 ECAB 153 (1989).

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 a causal relationship is rationalized medical opinion evidence. The opinion of the physician must be based on a complete factual and medical background of the employee, must be one of reasonable 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 employee.⁶ Neither the fact that appellant's condition became apparent during a period of employment nor his or her belief that, the condition was caused by his or her employment is sufficient to establish a causal relationship.⁷

ANALYSIS

OWCP accepted as factual that from March 12 to 26, 2011 appellant stood on a cement floor without a mat while casing mail three to four hours a day as a limited-duty letter carrier. While the work duties are established, the Board finds that he failed to establish a causal relationship between any left knee conditions and the established work duties.

Dr. Schultz' January 30, 2012 report found that appellant's left knee symptoms were caused by his work at the employing establishment and not by his part-time job at Home Depot. He provided a history that appellant worked on a cold hard damp floor at the employing establishment, which he contended aggravated his prior employment-related left knee injury. Dr. Schultz noted that his prior x-ray and MRI scan findings related to the left knee and diagnosis of inflammatory joint. He advised that recent MRI scan findings showed a progression and an exacerbation of the accepted 1999 employment-related left knee injury and were consistent with post-traumatic degenerative changes of the patellofemoral joint and medial compartment, which accelerated the normal wear and tear process initiated by the 1999 injury. While Dr. Schultz opined that appellant's current left knee conditions were the result of an established work duty, he failed to explain how the employment factor caused or contributed to the conditions. The Board has held that a medical opinion not supported by medical rationale is of little probative value.⁸ Without medical reasoning explaining how the established employment factor caused or contributed to appellant's left knee conditions, Dr. Schultz' January 30, 2012 report is insufficient to meet appellant's burden of proof.⁹ None of the other reports, treatment notes and prescriptions from Dr. Schultz offered an opinion on how the established employment duties caused or aggravated appellant's diagnosed left knee conditions and resultant intermittent periods of disability. Medical evidence which does not offer any opinion regarding the cause of an employee's condition is of limited probative value.¹⁰ The Board finds, therefore, that this evidence is insufficient to establish appellant's claim.

⁶ *I.J.*, 59 ECAB 408 (2008); *Victor J. Woodhams*, *supra* note 5 at 351-52 (1989).

⁷ *Kathryn Haggerty*, 45 ECAB 383, 389 (1994).

⁸ *Caroline Thomas*, 51 ECAB 451 (2000).

⁹ *C.B.*, Docket No. 08-1583 (issued December 9, 2008).

¹⁰ See *K.W.*, 59 ECAB 271 (2007); *A.D.*, 58 ECAB 149 (2006); *Jaja K. Asaramo*, 55 ECAB 200 (2004); *Michael E. Smith*, 50 ECAB 313 (1999).

Dr. Lima's January 19, 2011 disability certificate and February 2, 2011 prescription advised that appellant could return to light work with restrictions, but failed to provide confirmation of any diagnosis or an opinion as to whether his disability and restrictions were caused or contributed to by the established work duties. Likewise, Dr. Coleman, in a February 24, 2011 prescription, released appellant to return to work with restrictions from March 3 to 31, 2011, but he did not provide a diagnosis or an opinion on the causal relationship between appellant's disability and the established employment factors. As the reports of Drs. Lima and Coleman do not contain any firm diagnosis, rationale or explanation of the mechanism of injury arising from, appellant's accepted employment duties, he failed to meet his burden.¹¹

The March 29, 2011 disability slip from a physician's assistant is of no probative medical value since a physician's assistant is not a physician as defined under FECA.¹²

The Board finds that there is insufficient rationalized medical evidence of record to establish that appellant sustained a left knee condition causally related to the accepted employment factors. Appellant did not meet his burden of proof.

On appeal, appellant's attorney contended that a July 13, 2011 MRI scan and Dr. Schultz' January 30, 2012 report were sufficient to establish appellant's claim. The Board notes, however, that the July 13, 2011 MRI scan is not contained in the case record under OWCP File Nos. xxxxxx206 and xxxxxx231. Moreover, as stated, Dr. Schultz' January 30, 2012 report does not provide a rationalized medical opinion explaining how appellant's left knee conditions were caused by the established work duties.

Appellant may submit new evidence or argument with a written request for reconsideration to OWCP 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 appellant has failed to establish that he sustained a left knee injury causally related to factors of his federal employment.

¹¹ *Gary M. DeLeo*, 56 ECAB 656 (2005); *Victor J. Woodhams*, *supra* note 5.

¹² *See* 5 U.S.C. § 8101(2); *P.B.*, Docket No. 12-960 (issued September 25, 2012); *George H. Clark*, 56 ECAB 551 (2002).

ORDER

IT IS HEREBY ORDERED THAT the June 12, 2012 decision of the Office of Workers' Compensation Programs is affirmed.

Issued: March 11, 2013
Washington, DC

Colleen Duffy Kiko, Judge
Employees' Compensation Appeals Board

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

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