

ISSUE

The issue is whether appellant met his burden of proof to establish an occupational disease due to his federal employment duties.

FACTUAL HISTORY

On October 12, 2012 appellant, then a 62-year-old environmental work leader, filed a occupational disease claim alleging degenerative arthritis due to his work requirements of extensive walking, standing, bending, cleaning, moving and lifting. He first became aware of his condition on September 4, 2010 and first attributed it to his employment on that date. Appellant stated that he developed a knee condition in September 2010 and used sick leave from February 10 through April 9, 2012 when he resigned.

Dr. Royce Zobell, a Board-certified radiologist, reviewed x-rays dated September 23, 2009 and found bilateral medial compartment osteoarthritis and femoral patellar osteoarthritis on the left. On November 23, 2011 Dr. Catherine C. Sarbah, an internist, examined appellant and noted his knee condition. She diagnosed bilateral knee arthritic pain left worse than right, hypertension and mild hyperlipidemia. Dr. Sarbah reviewed appellant's x-rays on November 25, 2011 and diagnosed degenerative arthritis of both bilateral knees.

Dr. Manisha Ashokkumar Patel, a physician Board-certified in physical medicine and rehabilitation, examined appellant on January 20, 2012. He noted a history of chronic mild knee pain over a two-year period, which progressively worsened during the prior two months. Dr. Patel found normal gait and crepitus in the left knee with medial joint line tenderness. He diagnosed left knee degenerative joint disease. On February 27, 2012 Dr. Patel stated that appellant had increased knee pain and that she advised that his job was making the pain worse. He found crepitus in appellant's left knee and diagnosed left knee degenerative joint disease.

On June 18, 2012 Dr. John R. Chu, a Board-certified orthopedic surgeon, diagnosed knee arthralgia and osteoarthritis involving the knee. Appellant underwent a magnetic resonance imaging (MRI) scan of his left knee on August 28, 2012. It demonstrated a moderate degree of degenerative joint disease in the patellofemoral and femorotibial joint compartments of the left knee and moderate-sized joint effusion.

In a letter dated November 5, 2012, OWCP requested that appellant submit a detailed medical report addressing the dates of treatment, his symptoms, the results of tests and a diagnosis as well as an opinion on the how work activities caused or contributed to his diagnosed condition. It allowed him 30 days for a response.

By decision dated December 17, 2012, OWCP denied appellant's claim, finding that he did not submit sufficient medical evidence to establish that his knee condition was causally related to his federal employment.

LEGAL PRECEDENT

OWCP's regulations define an occupational disease as "a condition produced by the work environment over a period longer than a single workday or shift."³ 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 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 evidence required to establish causal relationship is rationalized medical opinion evidence, based upon a complete factual and medical background, addressing the causal relationship between the claimed condition and identified factors. The belief of a claimant that a condition was caused or aggravated by the employment is not sufficient to establish causal relation.⁴

ANALYSIS

OWCP accepted that appellant performed employment duties that required extensive walking. It found that he failed to submit sufficient medical evidence to establish the causal relationship of his degenerative diagnosed condition due to his employment duties. OWCP stated that appellant failed to submit any medical evidence.

The Board finds that appellant has performed extensive walking, standing, bending, cleaning, moving and lifting. Appellant submitted medical evidence from Drs. Zobell, Sarbah, Patel and Chu diagnosing bilateral osteoarthritis and degenerative joint disease of the left knee. However, the Board finds that the physicians of record did not provide adequate medical opinion to establish a causal relationship between the diagnosed knee condition and his accepted employment duties.

Dr. Patel's February 27, 2012 note stated that appellant believed that his job was making his knee pain worse. This is the only medical evidence listing possible relationship between appellant's employment and his diagnosed left knee condition. This report failed to provide the physician's opinion addressing how appellant's knee condition was related to his employment; rather Dr. Patel merely restated appellant's belief that his job had worsened his left knee condition. The Board has held that the belief of a claimant that a condition was caused or aggravated by his or her employment is not sufficient to establish causal relationship.⁵ There is no medical opinion from a physician that explains the causal relationship between appellant's

³ 20 C.F.R. § 10.5(q).

⁴ *Lourdes Harris*, 45 ECAB 545, 547 (1994).

⁵ *Luis M. Villanueva*, 54 ECAB 666 (2003).

diagnosed left knee condition and his employment. Appellant failed to meet his burden of proof to establish an occupational disease.

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 not submitted the necessary medical opinion evidence to establish a causal relationship between his diagnosed condition and his implicated factors of employment.

ORDER

IT IS HEREBY ORDERED THAT the December 17, 2012 decision of the Office of Workers' Compensation Programs is affirmed.

Issued: November 7, 2013
Washington, DC

Patricia Howard Fitzgerald, Judge
Employees' Compensation Appeals Board

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

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