

of his federal employment. He identified climbing, walking, crawling, kneeling, and standing as the employment factors contributing to his condition. Appellant stated that his federal employment caused his left knee to hurt and then after July 8, 2010 his right knee began to have problems and had progressively worsened.

Appellant had two prior claims involving his knees. He filed a traumatic injury claim (Form CA-1) for a left knee injury on February 16, 2005, and this claim was accepted for left knee internal derangement. Under this claim file appellant received wage-loss compensation. The record indicated that he returned to full-time, light-duty work as of January 13, 2014. In addition, appellant had filed a traumatic injury claim on May 21, 2013 for a right knee injury on July 8, 2010.² He alleged that his right knee popped as he descended stairs. By decision dated August 5, 2013, OWCP denied the claim on the grounds the medical evidence was insufficient to establish causal relationship between a diagnosed condition and the employment incident.

In a letter dated August 12, 2013, appellant stated that his work involved climbing on and under equipment, and most of his work was in the field. He noted that parts and tools were heavy, and he engaged in pushing, pulling, lifting, kneeling, and squatting while at work. Appellant stated that he had a left knee replacement surgery in 2012, but his right knee continued to get worse and needed surgery.

With respect to medical evidence, appellant submitted a report dated May 25, 2012 from Dr. David Mansfield, a Board-certified orthopedic surgeon, who provided a history of a right knee injury on July 8, 2010, when appellant felt a pop in his knee when going down some stairs. He stated that since that injury appellant had pain and swelling in the knee. Dr. Mansfield noted that appellant's job required getting down on his knees and climbing ladders and appellant was having difficulty right now with these duties. He provided results on examination and diagnosed osteoarthritis and internal knee derangement.

In a report dated June 5, 2012, Dr. Mansfield stated that appellant's right knee showed a significant amount of degenerative changes. He further stated, "I do not think that his job causes the dis[c] degenerative condition. I certainly think that the fall he has taken at work due to his compensable injury has extremely exacerbated and accelerated this condition." By report dated July 3, 2012, Dr. Mansfield stated that appellant had questions about whether his right knee was affected by the left knee. He stated that the trouble appellant was having with the left knee, including degeneration, medial meniscus tear, arthritis and varus deformity, can sometimes put pressure on the right knee. Dr. Mansfield further stated, "Certainly, he is predisposed because of that [left knee] condition to have early degenerative changes in the right knee due to that problem."

In a July 2, 2013 report, Dr. Mansfield stated that appellant had hurt his right knee on July 8, 2010, and since that time had significant pain in the knee. He stated that there was no doubt appellant had previous degeneration in the knee, but the July 8, 2010 injury had exacerbated his condition. According to Dr. Mansfield, he had explained to appellant "that his

² The record in that claim contained a CA-1 for a claimed injury on July 8, 2010 that was signed by appellant on July 13, 2010.

knee was at risk and when he was working he injured it. [Appellant] now has a knee that is probably going to need a knee replacement.”

By decision dated December 16, 2013, OWCP denied the claim for compensation. It found the medical evidence was insufficient to establish the claim.

Appellant requested a hearing before an OWCP hearing representative, which was held on July 9, 2014. The hearing representative noted that there was some confusion as to what appellant was claiming in the current claim. Appellant’s counsel discussed appellant’s right knee and referenced the July 2, 2013 report from Dr. Mansfield.

By decision dated September 17, 2014, the hearing representative affirmed the December 16, 2013 OWCP decision. The hearing representative found the medical evidence was insufficient to establish the claim.

LEGAL PRECEDENT

A claimant seeking benefits under FECA³ has the burden of establishing the essential elements of his or her claim by the weight of the reliable, probative, and substantial evidence, including that an injury was sustained in the performance of duty as alleged and that any specific condition or disability claimed is causally related to the employment injury.⁴

To establish that an injury was sustained in the performance of duty, a claimant must submit: a factual statement identifying employment factors alleged to have caused or contributed to the presence or occurrence of the disease or condition; medical evidence establishing the presence or existence of the disease or condition for which compensation is claimed; and medical evidence establishing that the diagnosed condition is causally related to the employment factors identified by the claimant.⁵

Causal relationship is a medical question that can generally be resolved only by rationalized medical opinion evidence.⁶ A physician’s opinion on the issue of whether there is a causal relationship between the claimant’s diagnosed condition and the implicated employment factors must be based on a complete factual and medical background of the claimant.⁷ Additionally, in order to be considered rationalized, the opinion must be expressed in terms of a reasonable degree of medical certainty, and must be supported by sound medical rationale, explaining the nature of the relationship between the diagnosed condition and appellant’s specific employment factors.⁸

³ 5 U.S.C. §§ 8101-8193.

⁴ 20 C.F.R. § 10.115(e), (f) (2005); see *Jacquelyn L. Oliver*, 48 ECAB 232, 235-36 (1996).

⁵ *Ruby I. Fish*, 46 ECAB 276, 279 (1994).

⁶ See *Robert G. Morris*, 48 ECAB 238 (1996).

⁷ *Victor J. Woodhams*, 41 ECAB 345, 352 (1989).

⁸ *Id.*

ANALYSIS

In the present case, appellant filed an occupational claim⁹ identifying a number of employment factors as contributing to a knee condition. On the claim form he identified climbing, walking, crawling, kneeling, and standing. In a narrative statement, appellant also mentioned lifting, pushing, and pulling. OWCP does not contest that he engaged in such activities in his federal employment as a heavy duty repairman.

It must be noted that appellant had filed prior claims with respect to the knees. As to the right knee, he has a claim for a traumatic injury on July 8, 2010. The Board notes, however, that the issue of whether appellant sustained an employment injury on July 8, 2010 is not before the Board on this appeal.

Moreover, the issue of whether appellant may have sustained a consequential right knee injury from an accepted left knee injury is not before the Board. Appellant has a claim for a left knee injury on February 16, 2005.

The issue in the present case is whether the medical evidence is sufficient to establish causal relationship between a diagnosed condition and the identified employment factors. Although appellant referred to the left knee on the claim form, he did not submit medical evidence on causal relationship between a diagnosed left knee condition and the identified employment factors.

As to the right knee, the medical evidence is also insufficient to establish the claim. Dr. Mansfield briefly noted in his May 25, 2012 report that appellant's job duties included kneeling and climbing. However, he did not relate any specific diagnosed right knee condition to performing those duties. Dr. Mansfield referred only to a July 8, 2010 injury, and indicated that appellant was having difficulty performing such job duties. The July 3, 2013 report is similarly deficient with respect to the issue in this case. Dr. Mansfield opined that appellant had exacerbated a preexisting degenerative condition on July 8, 2010. He did not provide a complete medical history, or discuss the identified employment factors. Dr. Mansfield did not provide an opinion, supported by sound medical rationale, on causal relationship between a diagnosed right knee condition and the specific identified employment factors.

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 established a causal relationship between his right knee condition and factors of his federal employment.

⁹ An occupational disease or illness is a condition produced by the work environment over a period longer than a single workday or shift. 20 C.F.R. § 10.5(q).

ORDER

IT IS HEREBY ORDERED THAT the decision of the Office of Workers' Compensation Programs dated September 17, 2014 is affirmed.

Issued: April 17, 2015
Washington, DC

Christopher J. Godfrey, Chief Judge
Employees' Compensation Appeals Board

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

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