



## **FACTUAL HISTORY**

On January 23, 2014 appellant, then a 59-year-old mail carrier, filed a traumatic injury claim alleging that on January 21, 2014 he sustained an injury to his right knee when he slipped and fell on steps while in the performance of duty. He stopped work on January 21, 2014.<sup>2</sup>

In a January 21, 2014 disability certificate, Dr. Craig Thomas, a Board-certified orthopedic surgeon, indicated that appellant could return to work on January 25, 2014.

In a May 19, 2014 letter, OWCP advised appellant that additional factual and medical evidence was needed. It explained that a physician's opinion explaining how the reported work incident caused or contributed to his condition was crucial to his claim.

Appellant submitted duty status reports dated January 27 and February 10, 2014 from Dr. Thomas. Dr. Thomas found that appellant had a right knee rupture and patella tendon and diagnosed "quad tendon rupture." He noted that the diagnosis was due to the January 21, 2014 work injury. Dr. Thomas advised that his clinical findings included that appellant could not extend the right knee, had pain and could not walk. Additionally, he indicated that appellant could not work and was awaiting surgery to the right knee.

Appellant provided a June 29, 2014 statement in which he described the circumstances of his injury. He advised that January 21, 2014 was a snowy day and he was delivering a package when his left foot slipped on a customer's front steps and his full body landed on his right knee. Appellant explained that he fell backward and was in intense pain. He indicated that he saw Dr. Thomas and diagnostic testing revealed that his right quadriceps tendon in the knee required surgery. Appellant also noted that he was diabetic and that a delay in surgery could cause further problems.

OWCP received a February 4, 2014 radiology report read by Dr. Krishna Chadhuri, a diagnostic radiologist, which revealed a complete rupture of the quadriceps tendon and medial patellar retinaculum, possible small cortical evulsion of the superior patella, and probable contusion in the lateral femoral condyle. Additionally, the findings included high grade cartilage fissuring and delamination in the patellar apex and central trochlear groove with possible flap formation and equivocal medial meniscus posterior horn tear.

OWCP also received medical documentation to include discharge instructions dated February 20, 2014. Additionally, a referral form dated January 31, 2014 contained several diagnoses that included a ruptured patella tendon on the right knee.

By decision dated June 26, 2014, OWCP denied appellant's claim as he did not establish an injury as alleged. It found that the medical evidence did not demonstrate a claimed medical condition related to established work-related events.

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<sup>2</sup> The record reflects that appellant has several claims that include a traumatic injury on July 1, 1996 under claim No. xxxxxx820; a traumatic injury on June 19, 2008 under claim No. xxxxxx067; and an occupational disease claim for an August 12, 2008 date of injury under claim No. xxxxxx102. These other claims are not presently before the Board.

On September 6, 2014 appellant requested reconsideration. He noted that he was submitting documentation to support causal relationship.

In an August 6, 2014 report, Dr. Thomas noted that appellant was post status a work-related injury involving his right knee while delivering mail on January 21, 2014. He advised that appellant was seen in the emergency room that day and in his office on February 10, 2014. Dr. Thomas indicated that appellant had surgery on February 20, 2014. He explained that the diagnosed condition was consistent with appellant's description of injury. Appellant related to her that he fell while delivering mail and suffered immediate right knee pain and was unable to fully extend his knee. He indicated that appellant "denied any other traumatic events in that timeframe that would cause such a[n] injury." Dr. Thomas advised that appellant's quadriceps tendon rupture was secondary to his work-related injury. Appellant underwent surgery with rerupture of the quadriceps tendon, which required additional surgical management.

By decision dated December 9, 2014, OWCP denied modification of its prior decision.

### **LEGAL PRECEDENT**

An employee seeking benefits under FECA<sup>3</sup> 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 timely filed within the applicable time limitation period of FECA,<sup>4</sup> and that an injury was sustained in the performance of duty.<sup>5</sup> These are the essential elements of each compensation claim, regardless of whether the claim is predicated upon a traumatic injury or an occupational disease.<sup>6</sup>

To determine whether a federal employee has sustained a traumatic injury in the performance of duty, it first must be determined whether the fact of injury has been established. There are two components involved in establishing the fact of injury. First, the employee must submit sufficient evidence to establish that he actually experienced the employment incident at the time, place, and in the manner alleged.<sup>7</sup> Second, the employee must submit sufficient evidence, generally only in the form of medical evidence, to establish that the employment incident caused a personal injury.<sup>8</sup>

Rationalized medical opinion evidence is generally required to establish causal relationship. The opinion of the physician must be based on a complete factual and medical background, must be one of reasonable medical certainty, and must be supported by medical

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<sup>3</sup> 5 U.S.C. §§ 8101-8193.

<sup>4</sup> *Joe D. Cameron*, 41 ECAB 153 (1989).

<sup>5</sup> *James E. Chadden, Sr.*, 40 ECAB 312 (1988).

<sup>6</sup> *Delores C. Ellyett*, 41 ECAB 992 (1990).

<sup>7</sup> *Julie B. Hawkins*, 38 ECAB 393, 396 (1987); *see* Federal (FECA) Procedure Manual, Part 2 -- Claims, *Fact of Injury*, Chapter 2.803.2a (June 1995).

<sup>8</sup> *Id.* For a definition of the term "traumatic injury," *see* 20 C.F.R. § 10.5(ee).

rationale explaining the nature of the relationship between the diagnosed condition and the specific employment factors identified by the claimant.<sup>9</sup>

### ANALYSIS

The Board finds that this case is not in posture for decision.

Appellant alleged that on January 21, 2014 he sustained an injury to his right knee when he slipped and fell on a customer's front step while delivering a package in the performance of duty. OWCP accepted that the claimed event occurred. Therefore, the Board finds that the first component of fact of injury is established; the claimed incident -- that appellant was delivering a package and slipped and fell on his right knee at work as alleged.

The Board notes that the medical evidence submitted by appellant generally supports that he sustained a right knee quadriceps tendon rupture in the performance of duty on January 12, 2014.

The record contains several reports from Dr. Thomas with the most relevant being an August 6, 2014 report in which he noted that appellant was post status a work-related injury involving his right knee while delivering mail on January 21, 2014. Dr. Thomas advised that appellant was seen in the emergency room and in his office on February 10, 2014. He indicated that appellant underwent surgery on February 20, 2014. Dr. Thomas explained that the injury was consistent with appellant's description of injury. He reported that appellant "denied any other traumatic events in that timeframe that would cause such a[n] injury." Dr. Thomas further opined that appellant's quadriceps tendon rupture was secondary to his work-related injury. He advised that appellant underwent surgery with rerupture of the quadriceps tendon, which required additional surgical management. The Board notes that Dr. Thomas also completed duty status reports dated January 27 and February 10, 2014, saw appellant contemporaneous with the injury, and opined that the diagnosis was due to the injury. Although Dr. Thomas' reports are not sufficiently rationalized to meet appellant's burden of proof in establishing his claim, his reports are uncontroverted in the record and are sufficient to require further development of the case.<sup>10</sup>

Proceedings under FECA are not adversarial in nature, nor is OWCP a disinterested arbiter. While the claimant has the burden to establish entitlement to compensation, OWCP shares responsibility in the development of the evidence. It has the obligation to see that justice is done.<sup>11</sup>

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<sup>9</sup> *I.J.*, 59 ECAB 408 (2008); *Victor J. Woodhams*, 41 ECAB 345 (1989).

<sup>10</sup> *John J. Carlone*, 41 ECAB 354 (1989); *Horace Langhorne*, 29 ECAB 820 (1978).

<sup>7</sup> *John W. Butler*, 39 ECAB 852 (1988).

<sup>11</sup> *Id.*

The Board will remand the case to OWCP for referral to an appropriate medical specialist to determine the extent of any injury or aggravation of any preexisting conditions as a result of his employment injury on January 21, 2014. Following this, and any other further development as deemed necessary, OWCP shall issue an appropriate merit decision on appellant's claim.

On appeal counsel for appellant argues that the case should be remanded for additional development as the evidence submitted by appellant supported further development. As found above, the Board concurs.

**CONCLUSION**

The Board finds that this case is not in posture for decision.

**ORDER**

**IT IS HEREBY ORDERED THAT** the December 9, 2014 decision of the Office of Workers' Compensation Programs is set aside and remanded.

Issued: August 14, 2015  
Washington, DC

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

Patricia H. Fitzgerald, Deputy Chief Judge  
Employees' Compensation Appeals Board

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