

first became aware of his condition on June 23, 2014 and its relation to his employment on July 28, 2014. He stopped work on July 29, 2014.

In a July 31, 2014 report, Dr. Nancy Connolly, Board-certified in internal medicine, advised that appellant complained of right knee pain. She indicated that he was unsure if there was a precipitating event. Dr. Connolly stated that appellant related that his right knee had been bothering him for the past month and that the pain worsened with walking. Upon physical examination, she found that the right knee was warm and there was redness medially. Dr. Connolly also noted that there was pronounced tenderness with effusion. She stated that appellant's gait was remarkable because he was minimizing any weight bearing of the right side. Dr. Connolly diagnosed right knee pain and indicated that she was unsure if it was due to overuse or an acute rheumatologic or infectious issue. She ordered x-rays. In an accompanying diagnostic report, Dr. Michael Gass, a Board-certified radiologist, advised that a right knee x-ray revealed minimal osteoarthritis of the patellofemoral joint.

By letter dated August 7, 2014, OWCP notified appellant that the evidence submitted was insufficient and advised of the evidence needed to establish his claim. It particularly requested that he provide a physician's opinion, supported by a medical explanation, as to how work activities caused or aggravated his medical condition.

In an August 6, 2014 statement, Alan Sinfuego, an employing establishment manager, controverted appellant's claim because appellant did not report his condition to his immediate supervisor in a timely manner. He also argued that the condition may have been the result of a nonwork incident or in response to disciplinary action. Mr. Sinfuego also stated that appellant informed him that he was not going to file a claim because he was unsure if his employment was the cause of his knee condition.

In an August 9, 2014 statement, appellant advised that he has been with the employing establishment for the past 22 years in various positions. He further advised that all of these positions have involved standing and lots of walking. Appellant alleged that in June 2014 while walking on the workroom floor, from his office to the lobby area, he began to feel pain. He stated that he informed his postmaster that he was having trouble walking and had right knee pain on July 28, 2014.

Appellant also provided additional medical evidence in support of his claim. In a July 31, 2014 form report, Dr. Connolly advised that he was experiencing right knee pain. Appellant related that his injury was from walking on a blacktop surface eight to 11 hours a day. Dr. Connolly did not address the cause of his condition. In a July 31, 2014 work status report, she advised that appellant was unable to work until a diagnosis was determined and his symptoms improved. In August 7 and 8, 2014 work status reports, Dr. Connolly advised that he was to be in a nonweight bearing status until his evaluation was complete. In an August 7, 2014 duty status report (Form CA-17), she advised that appellant was unable to return to work.

In an August 17, 2014 report, Dr. Peter Verdin, a Board-certified orthopedic surgeon, noted examining appellant on August 13, 2014 and advised that appellant complained of right knee pain. He stated that appellant was a postal supervisor who had an injury to his right knee on June 23, 2014 as he was walking from his office to the front desk. Appellant related that "he

felt something happen in his knee.” Dr. Verdin noted that appellant denied any specific injury, but specified that appellant had never experienced knee pain in the past. On physical examination, he noted that appellant had an antalgic gait on the right, tenderness over medial aspect of the knee, no effusion, full extension, and flexion to 130 degrees. Dr. Verdin advised that right knee magnetic resonance imaging (MRI) scan showed bone marrow edema in the medial anterior aspect of the medial femoral condyle and a questionable tear of the posterior horn of the medial meniscus.² He advised that the cause of this was “uncertain” noting that “it does not appear that he had a significant injury *per se* that caused the problem, but the episode did occur at work.” Dr. Verdin stated that appellant’s tear of the medial meniscus “may or may not have any association with the patient’s current event.” He also completed an August 13, 2014 duty status report noting appellant’s work restrictions.

By decision dated September 10, 2014, OWCP denied appellant’s claim because the medical evidence did not establish that factors of his employment caused a diagnosed condition.

LEGAL PRECEDENT

An employee seeking benefits under FECA has the burden to establish 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, that an injury was sustained in the performance of duty as alleged and that any disabilities and/or specific conditions for which compensation is claimed are causally related to the employment injury.³ These are the essential elements of each and every compensation claim regardless of whether the claim is predicated upon a traumatic injury or an occupational disease.⁴

Whether an employee actually sustained an injury in the performance of duty begins with an analysis of whether fact of injury has been established. To establish an occupational disease claim, an employee must submit: (1) a factual statement identifying employment factors alleged to have caused or contributed to the presence or occurrence of the disease or condition; (2) medical evidence establishing the presence or existence of the disease or condition for which compensation is claimed; and (3) medical evidence establishing that the diagnosed condition is causally related to the employment factors identified by the employee.⁵

Causal relationship is a medical issue and the evidence generally required to establish causal relationship is rationalized medical opinion evidence. 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 rationale explaining the nature of the relationship between the diagnosed condition and the specific employment factors identified by the claimant.⁶

² The record contains an August 7, 2014 right knee MRI scan report.

³ *Elaine Pendleton*, 40 ECAB 1143 (1989).

⁴ *Victor J. Woodhams*, 41 ECAB 345 (1989).

⁵ *R.H.*, 59 ECAB 382 (2008); *Ernest St. Pierre*, 51 ECAB 623 (2000).

⁶ *I.J.*, 59 ECAB 408 (2008); *supra* note 4.

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

Appellant claimed that he began experiencing right knee pain on June 23, 2014 while walking on the job. There is no dispute that he walked as part of his job and the evidence supports this. However, the medical evidence is insufficient to establish that the medical condition was causally related to the accepted work event.

In his August 13, 2014 report, Dr. Verdin advised that appellant complained of right knee pain and that he was walking at work on June 23, 2014 when he felt something in his knee. He noted that appellant denied any specific injury, but noted that appellant had never experienced knee pain in the past. Dr. Verdin advised that right knee MRI scan showed bone marrow edema in the medial anterior aspect of the medial femoral condyle and a questionable tear of the medial meniscus. He advised that the cause was "uncertain," explaining that it did not appear that appellant had "a significant injury *per se* that caused the problem, but the episode did occur at work." Dr. Verdin stated that appellant's tear of the medial meniscus "may or may not have any association with the patient's current event." His report is insufficient to meet appellant's burden of proof. Dr. Verdin states that he is uncertain of the cause of appellant's condition. The Board has held that medical opinions which are speculative or equivocal are of diminished probative value.⁸ Furthermore, Dr. Verdin notes that the onset of appellant's injuries occurred on the job. However, the Board has found that the mere fact that a condition manifests itself or is worsened during the employment period does not raise an inference of causal relationship between the two.⁹ Dr. Verdin also notes that appellant has never had knee problems in the past, but the Board has held that an opinion that a condition is causally related to an employment injury because the employee was asymptomatic before the injury but symptomatic after it is insufficient, without supporting rationale, to establish causal relationship.¹⁰ He did not explain the reasons why walking at work caused or aggravated appellant's right knee condition.

In her July 31, 2014 report, Dr. Connolly advised that appellant complained of right knee pain. Appellant related that his right knee had been bothering him for the past month and that the pain worsened with walking. Dr. Connolly diagnosed right knee pain and indicated that he was unsure if there was a precipitating event. This report is insufficient to discharge appellant's burden of proof as it does not address his work duties, include a firm diagnosis, or provide a clear opinion on causal relationship. Dr. Connolly must accurately describe appellant's work

⁷ *James Mack*, 43 ECAB 321 (1991).

⁸ *See S.E.*, Docket No. 08-2214 (issued May 6, 2009) (finding that opinions such as the condition is probably related, most likely related, or could be related are speculative and diminish the probative value of the medical opinion); *Cecilia M. Corley*, 56 ECAB 662, 669 (2005) (finding that medical opinions which are speculative or equivocal are of diminished probative value).

⁹ *Patricia Bolleter*, 40 ECAB 373 (1988).

¹⁰ *Thomas D. Petrylak*, 39 ECAB 276 (1987).

duties and medically explain the pathophysiological process by which these duties would have caused or aggravated his condition.¹¹

Other medical reports of record are insufficient to discharge appellant's burden of proof because they do not address causal relationship between appellant's work factors and a diagnosed medical condition.¹²

Consequently, appellant has submitted insufficient medical evidence to establish his claim.

On appeal, appellant asserts that he provided medical documentation, and that his injury should be accepted as it occurred while he was on duty. He alleged that his supervisor knew of his injury and deliberately assigned him duties that required a lot of walking and climbing. Appellant also advised that he had never been the subject of a reprimand or disciplinary action. The Board notes that it is accepted that he walked as part of his duties, and the matter of whether he was disciplined is not a basis for the Board's decision. The claim is denied on the basis that the medical evidence does not establish causal relationship. As explained, the mere fact that a condition manifests itself or is worsened during the employment period does not raise an inference of causal relationship between the two. Causal relationship is a medical question that must be established by probative medical opinion from a physician. Because appellant has not provided such medical opinion evidence in this case, explaining how specific work duties caused or aggravated his right knee condition, he has failed to meet his burden of proof.

Appellant may submit new evidence or argument as part of a formal 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 did not meet his burden of proof to establish that he sustained an occupational disease in the performance of duty.

¹¹ *Solomon Polen*, 51 ECAB 341 (2000) (rationalized medical evidence must relate specific employment factors identified by the claimant to the claimant's condition, with stated reasons by a physician). *See also S.T.*, Docket No. 11-237 (issued September 9, 2011).

¹² *Jaja K. Asaramo*, 55 ECAB 200 (2004) (medical evidence that does not offer any opinion regarding the cause of an employee's condition is of diminished probative value on the issue of causal relationship).

ORDER

IT IS HEREBY ORDERED THAT the September 10, 2014 decision of the Office of Workers' Compensation Programs is affirmed.

Issued: February 12, 2015
Washington, DC

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

Patricia Howard Fitzgerald, Judge
Employees' Compensation Appeals Board

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